

Element 6 Custom Tattooing
COVID-19 Health Screening & Consent Form

Name: _____ Birthdate: _____

In the interest of everyone's health and safety please complete the following COVID-19 screening questionnaire for your visit to our practice.

Have you had contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days, or tested positive for, or been diagnosed with COVID-19?

____ Yes ____ No If yes, When? Date: _____

Please understand that if you have been diagnosed very recently, you may be asked to postpone your appointment in the interest of surety.

Do you have:

- A fever, or felt feverish (defined as above 38°C) ? ____ Yes ____ No
- New onset of cough or worsening of existing cough? ____ Yes ____ No
- Shortness of breath and/or trouble breathing? ____ Yes ____ No
- Sore throat or difficulty swallowing? ____ Yes ____ No
- Decrease or loss of sense of smell or taste? ____ Yes ____ No
- Headaches? ____ Yes ____ No
- Chills? ____ Yes ____ No
- Unexplained fatigue/malaise/muscle aches? ____ Yes ____ No
- Nausea/vomiting, diarrhea, abdominal pain? ____ Yes ____ No
- Pink eye (conjunctivitis)? ____ Yes ____ No
- Discolouration of toes and fingers ____ Yes ____ No
- Runny nose/nasal congestion without another known cause? ____ Yes ____ No

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's appointment. If you start feeling ill with the symptoms of COVID-19 within 14 days of this appointment, please call as soon as possible.

Thank you for your continued trust in our practice. Please be assured that, as a matter of routine protocol, we continue to adhere to provincial municipal public health regulations and guidelines relating to infection control protocols established for limiting transmission risk of all potential communicable diseases on our premises. These measures include wearing a mask or face covering while in our practice, washing hands frequently with soap and water or alcohol based hand rub, and social distancing.

However due to the nature of the practice we provide, it is not possible to maintain social distancing between the client and practitioner or wear a mask or face covering at all times.

Although exposure is unlikely, do you assume this risk and fully consent to being tattooed? __ Yes __ No

Thank you and please stay safe.

_____ Client signature _____ Date

_____ Temperature _____ Time of reading

