

## Precautionary *Corona Virus, Covid-19*, Liability Release Form

Due to the 2019-2020 outbreak of the *Novel Corona Virus/COVID-19*, the specialists at Permanent Makeup by Julie has improved and expanded the sanitation protocols to fight the spread of COVID-19 and other communicable conditions suggested by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health (FDOH) guidelines.

The specialists will abide by the same standards mentioned in this release form.

Please reschedule if you have any symptoms or have been exposed to someone with symptoms or who has been diagnosed with the Covid-19 Virus.

Symptoms of COVID-19 include but not limited to:

Fever - Fatigue - Cough - Difficulty breathing

\_\_\_\_\_ I affirm and attest that I, as well as all household members, **do not currently have, nor have experienced the symptoms listed above within the last 14 days.**

\_\_\_\_\_ I affirm and attest that I, as well as all household members, **have not been diagnosed with COVID-19 within the last 30 days.**

\_\_\_\_\_ I affirm and attest that I, as well as all household members, **have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.**

\_\_\_\_\_ I affirm and attest that I, as well as all household members, **have not traveled outside of the country, or to any city outside of our own that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.**

\_\_\_\_\_ I understand that **the specialists at Permanent Makeup by Julie are not liable for any exposure to the virus or any other contagion during my visit.**

\_\_\_\_\_ I affirm and attest that **my procedure is elective and in no way is necessary. I chose to make the appointment and to enter at my own risk.**

\_\_\_\_\_ I affirm and attest that I, follow the most current Centers for Disease Control and Prevention (CDC) and Florida Department of Health (FDOH) guidelines imposed by the state of Florida.

[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

<https://floridahealthcovid19.gov/>

**By signing below I agree to the above statements and will not hold Permanent Makeup by Julie or the specialist liable for any possible exposure or harm due to COVID-19.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_