



MONARCH
COSMETIC TATTOO

Date of Service: _____

Client Name: _____

COVID-19 Questionnaire

1. Do you currently or have you in the last 14 days had a fever? **Y / N**
2. Do currently or have you in the last 14 days had a dry cough? **Y / N**
3. Do you currently or have you in the last 14 days had breathing difficulties? **Y / N**
4. Do you currently or have you in the last 14 days had severe muscle aches? **Y / N**
5. Do you currently or have you in the last 14 days had continuous chest pains or chills and shivering? **Y / N**
6. Have you received any instructions from healthcare professional to quarantine for possible exposure? **Y / N**
7. Have you had any contact with COVID-19 infected patient in the past 14 days? **Y / N**
8. Has anyone in your immediate family members had contact with a COVID-19 infected patient in the past 14 days? **Y / N**
9. Have you visited any cities or States in COVID-19 affected place in the past 14 days? **Y / N**

If you answered **YES** to any of the questions we will need to discuss and/or reschedule your appointment.

You will do this COVID-19 Screening Form again a second time prior to your appointment so if you answer to **YES** to any of the above please call before coming. If you show up and you are sick (see above) then you will lose your deposit and not be rescheduled.

Please always be mindful of your health status and do not share your illness EVER with anyone knowingly.

BE RESPONSIBLE NOW AND ALWAYS
Thank you for taking care and placing your trust in me!!

Electronic Signature Consent:

By signing this form, I agree that my typed, electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

I understand and agree to the below electronic signature consent information provided.

CLIENT SIGNATURE & DATE - Type your full name here: