

COVID-19 Health Information & Informed Consent

Client Name: _____ Date: _____

Address: _____

Phone: _____

This document contains important information about your decision to receive services from Bloom Beauty & Wellness, LLC in light of the COVID-19 public health crisis.

Please read and fill out this form carefully and let me know if you have any questions.

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
4. Have you been anywhere outside of New York State in the last two weeks? Yes No
Location: _____ If yes, have you self-quarantined under the Governor's recommendation if coming from a state with high rates of Covid-19 infection? _____
5. Have you had any new loss of sense of taste or smell? Yes No

The following questions are specific to a new aspect of COVID-19 involving blood coagulation.

6. Can you exercise to get your heart rate and respiratory rate up without any problem? Yes
No
7. Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes
No
8. Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin? Yes
No

Consent for Treatment

To proceed with receiving care from Lyna Bedka, LE at Bloom Beauty & Wellness, LLC, I confirm and understand the following: (Initial in all places provided)

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. _____

I understand that I am the decision maker for my health care. By this document, Bloom Beauty & Wellness, LLC & Lyna Bedka, LE and anyone associated therewith, has cautioned me about the potential risks in seeking care and services in the context of the Covid-19 pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult. _____

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented by Bloom Beauty & Wellness, LLC and Lyna Bedka, LE.

However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to you and any personnel at your studio to proceed with providing care. _____

I understand that my name and contact information will be shared with a contact tracer if the need arises _____

I KNOWINGLY AND WILLINGLY CONSENT TO BODY TREATMENT, MASSAGE, FACIALS, OR WAXING WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION. I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE AND SERVICES I RECEIVE AT BLOOM BEAUTY & WELLNESS, LLLC, FOR MY PRESENT CONDITION AND FOR ANY FUTURE VISIT.

Printed Name: _____ Date: _____

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____