



COVID-19 Disclaimer

Following the COVID-19 pandemic, we have put extra measure in place for the safety of both yourself and our staff members. We require all clients to fill in our COVID-19 form before arrival so that we can provide the best and safest possible experience to ALL our clients and staff members.

Please read carefully and answer the questions below. This information will be stored confidentially and securely for 21 days. If you or a member of your household has developed a cough, fever, breathlessness, sore throat or headaches in the last 14 days, please contact us before your appointment so we can obtain further information from you and advise accordingly.

Please get in touch if you have any questions – we are really looking forward to welcoming you back.

Name:	Date of Birth:
Address:	
Contact Telephone No:	Temperature:

Date:

Questionnaire:

Please answer all the questions listed below and choose one answer

	Yes	No
1. Are you experiencing a cough?		
2. Are you experiencing a shortness of breath?		
3. Have you had a fever (above 37.7°C) in the last 14 days?		
4. Have you noticed a loss or change in your sense of taste or smell?		
5. Have you had any contact with anyone that has suspected COVID-19 in the last 14 days?		
6. Have you recently returned from a high-risk country?		

Agreement

Please tick each box to show you have read and understood the agreement

- I have read, understood, and completed this form truthfully to my knowledge ☐
- I knowingly and willingly consent to having services at **Eyelipsia Aesthetics** during the COVID-19 pandemic ☐
- I consent for the services to be carried out which involves either a staff member of **Eyelipsia Aesthetics** being in physical contact with me less than 2 metres ☐
- I confirm to my knowledge that I, my household or social bubble have not been in contact with anyone that has had symptoms of COVID-19 in the last 14 days ☐
- To prevent the spread of the virus and protect each other, I confirm that I will strictly follow guidelines discussed by a staff member of **Eyelipsia Aesthetics** ☐
- If guidelines are not strictly followed, I understand that **Eyelipsia Aesthetics** have the right to cancel my appointment ☐
- I confirm that I release both the **Eyelipsia Aesthetics** staff member performing the service and **Eyelipsia Aesthetics** as a business from ALL liability for any unintentional exposure or harm due to COVID-19 ☐

Practitioner Signature: _____ **Date:** _____

Patient Signature: _____ **Date:** _____