

COVID-19 STATEMENT FOR RESUMPTION OF PRACTICE

We at Permanent Cosmetics and Makeup by Donna Rae are thankful to be able to return to providing services for you and are very much looking forward to seeing you again or in the future!

This is a welcome return of some normalcy. That being said we want to recognize that this pandemic has necessitated many adjustments in the community to preserve the functioning of the healthcare system and reduction in the spread of COVID-19. We will be integrating current evidence and research findings in order to keep our clients and staff safe, and will continue to follow recommendations from our State, the CDC, and other professional medical sources. Please let us know if you need to reschedule for any reason and we will be happy to accommodate to the best of our ability.

PLEASE READ THE INSTRUCTIONS BELOW PRIOR TO YOUR VISIT TO BE SURE YOU ARE ABLE TO COMPLY WITH THE NEW RECOMMENDED GUIDELINES.

Please reschedule if you have had, or been around, anyone with these symptoms within the last 2 weeks:

- Cough
- Shortness of breath

Or at least 2 of these symptoms:

- Fever greater than 100 F
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Nausea
 - Vomiting
 - Diarrhea
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- Please read the attached "Informed Consent of COVID-19 Risk" form before procedure/application. We will have you sign in person before your treatment.
 - Please do not bring children or additional visitors to your appointment.
 - Please bring your own face mask, cloth or otherwise. You will not be allowed to enter without a face mask. Knowing that surgical masks are in short supply right now, we will not provide face masks. Please bring your own.
 - We will maintain a "no-hand shake" and "no hug" policy. You know how we will miss this!
 - We reserve the right to cancel/postpone your treatment if you are displaying symptoms of COVID-19 or any illness.

BEFORE ALL SERVICES AND FOR YOUR PROTECTION:

Permanent Cosmetics Procedure Only:

- Please print and bring with you the attached form - "Informed Consent of COVID-19 Risk". We will have you read and sign it in person before your procedure.
- Upon arrival, we will also screen your temperature and symptoms.
- Please wait in your car. Text me that you have arrived. I will text back when you are able to enter the studio. For your safety, I will escort you straight to a treatment room. I apologize in advance if there are longer wait times.
- Upon entry into the studio please immediately wash and sanitize your hands and have your face mask on, for protection.
- There are public restrooms in the building, you are encouraged to bring your own gloves for your safety.
- Please bring your own face mask, cloth or otherwise. You will not be allowed to enter without a face mask. Knowing that surgical masks are in short supply right now, we will not provide face masks. Please bring your own.
- We reserve the right to cancel/postpone your treatment if you are displaying symptoms of COVID-19 or any illness.

Makeup by Donna Rae, Makeup/Hair Application Only:

- All team members will be wearing face masks and/or face shields for your protection until all guidelines have been updated on a state and federal CDC, WHO, and other professional medical sources.
- All team members will be wearing gloves and changing gloves between each application.
- All team members will wash and sanitize their hands between each client application.
- All team members will be using clean set of brushes and tools for each individual.
- All team members will be using throw-away lip wands, mascara wands, and other applicators.
- All team members will have extra clean stations for your safety.
- Mirrors and chairs will be sanitized between each client application.

WE RESERVE THE RIGHT TO CANCEL/POSTPONE YOUR TREATMENT IF YOU ARE DISPLAYING SYMPTOMS OF COVID-19 OR ANY ILLNESS LISTED ON THE FIRST PAGE.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE/APPLICATION.

Sign

Print

Date/Time

Revised May 31, 2020

**PERMANENT COSMETICS & MAKEUP BY DONNA RAE
INFORMED CONSENT OF COVID-19 RISK**

I _____ (client name) understand that I am opting for a permanent cosmetics treatment and or makeup and hair application that is not urgent and may not be needed.

Please check what services you choose:

Permanent Cosmetics Treatment

Hair and Makeup Application

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize Permanent Cosmetics and Makeup by Donna Rae is closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective procedure/application. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective procedure/application, and I give my express permission for Permanent Cosmetics and Makeup by Donna Rae to proceed with the procedure/application.

I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective procedure/application itself can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before/during/after my procedure/application may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective treatment/procedure/surgery, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the procedure/application itself.

I acknowledge that I have not had, or been around any other person, with the following symptoms within the last two weeks: cough, shortness of breath; or more than two of the following symptoms: fever greater than 100 F, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, nausea, vomiting, or diarrhea.

I have been given the option to defer my procedure/application to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my desired procedure/application.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE PROCEDURE/APPLICATION.

Sign

Print

Date/Time

Revised May 31, 2020

