Electrolysis BEAUTY LOUNGE
we want your unwanted hair

Electrolysis Beauty Lounge
98 Broad Street
Bloomfield, NJ 07003
phone: 973.747.2111

www.ElectrolysisBeautyLounge.com
ElectrolysisBeautyLounge@gmail.com

# COVID-19 Attestation Form {SARS-CoV2}

**Client Number:**
electrolysis office use only

## Attestation Details

I, the undersigned, do hereby attest that, to the best of my knowledge, I have not come in contact with any person(s) or animal(s) that tested positive for COVID-19, the disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), in the previous three (3) weeks, nor have I tested positive for the COVID-19 disease or displayed any of the below listed symptoms in the previous three (3) weeks unless specified differently below.

I authorize Electrolysis Beauty Lounge (EBL) to release my information for contact tracing purposes if requested by a local, state or federal official. This information includes but not limited to legal name, address, telephone number(s), dates of electrolysis treatments and copies of signed COVID-19 attestation forms. Should my information be released, Electrolysis Beauty Lounge (EBL) is obligated to notify me and provide copies of all information released. All non-COVID-related personal information will remain private per guidelines of the Health Insurance Portability and Accountabilty Act (HIPPA).

I agree to comply with mandated EBL safety protocols when visiting the EBL studio located at 98 Broad Street, Bloomfield, New Jersey 07003, and I understand that EBL has the right to refuse me service if I am unwilling to comply with the mandated safety protocols or if I have engaged in activities that are deemed high risk in the previous three (3) weeks. The definiton of "high-risk" will remain at the discretion of the EBL electrologist.

I release EBL of any legal civil or criminal liabilities should I contract any strain of COVID-19 on or after the dates listed below and I understand a re-attestation will be required at each treatment session in order to provide EBL with the most up to date information in efforts to keep all EBL clients and electrologists safe.

## COVID-19 symptoms according to the Centers for Disease Control and Prevention website:

Cough | Shortness of Breath or Difficulty Breathing | Fever | Chills | Muscle Pain | Sore Throat | New Loss of Smell
New Loss of Taste | Red, Pink or Blue Lesions on Toes | Unusual Blisters or Rash | Swollen Lips, Mouth, Hands or Feet

## Client Acknowledgement of Information

**Have you ever been tested for COVID-19?** yes / no **If yes, when:** MM / DD / YYYY

**What were the results?** positive / negative / inconclusive / I have not received my results yet

**Have you or any member of your household had COVID-19?** yes / no

If yes, Who: _____ Relation: _____ Dates: MM / DD / YYYY **from** MM / DD / YYYY **to**

**Have you traveled out of state / country in the last 30 days:** yes / no

If yes, Where: _____ Dates: MM / DD / YYYY **from** MM / DD / YYYY **to**

**Have you ever been vaccinated for COVID-19:** yes / no **If yes, when:** MM / DD / YYYY
**enter most recent date**

**Which vaccine did you receive:** _____ **How many doses:** _____

***I agree to the terms as stated above and attest that all information provided is true and accurate.***

Client Name: _____ Signature: _____ Date: MM / DD / YYYY

If under 18, parent/guardian must sign agreeing to attest & authorize all statements above on behalf of their child.

Parent's Name: _____ Signature: _____ Date: MM / DD / YYYY