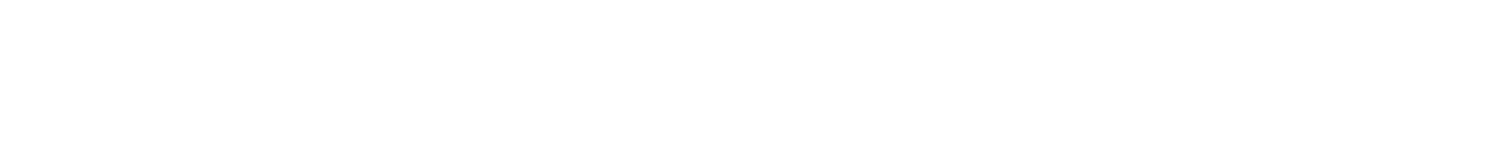
**eyebrWOW, LLC[](https://heathhairsalonandspa.com/)**

**COVID-19 Pandemic Microblading/ Microshading / Lash Lift/ Brow Lamination Treatment Consent Form**

Since its inception in August of 2018, we at eyebrWOW have always maintained the highest standards of professionalism in everything we do. From the quality of our work, our devotion to our clients and to the safety and cleanliness of our tools and procedures.

Please take a moment to complete our consent form.   
By submitting the form below you agree to knowingly and willingly consenting to have cosmetic services during the COVID-19 pandemic.  
We reserve the right to refuse service if this form is not submitted. Thank you.

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing:**

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of cosmetic services, that I have an elevated risk of contracting the virus simply by being in the salon.**

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that I am not presenting any of the following symptoms of COVOID-19 listed below:**

**• Temperature above 98.7 degrees • Shortness of breath • Loss of sense of taste or smell • Dry cough • Sore Throat**

I Am Not Presenting Symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that I have not been around anyone with these symptoms in the past 14 days:**

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_

**I do not live with anyone who is sick or quarantined:**

I Do Not\_\_\_\_\_\_\_\_\_\_\_\_

**To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to wear an approved facemask for the duration of the procedure:**

Yes \_\_\_\_\_\_\_\_\_

**I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19:**

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I verify that I have not traveled domestically within the United States by commercial airline within the past 14 days:**

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enter today's date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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