Triangle Tattoo & Museum

CLIENT HEALTH SCREENING FORM

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| Client name: | Date: Temp: |
| Do you have a fever or have you felt hot or feverish in the last 14-21 days? | YES / NO (please circle one) |
| Are you currently experiencing shortness of breath or other difficulties breathing? | YES / NO (please circle one) |
| Do you currently have a cough? | YES / NO (please circle one) |
| Are you currently experiencing any other flu-like symptoms, such as gastrointestinal upset,  headache, or fatigue? | YES / NO (please circle one) |
| Have you recently experienced loss of taste or smell? | YES / NO (please circle one) |
| Are you in contact or have you recently had contact with any confirmed COVID-19 positive patients?  (clients who are well but who have sick family members at home are asked to reschedule at a later time, when all members of your household are confirmed healthy) | YES / NO (please circle one) |
| Are you over 60? (clients who are over 60 are encouraged to refrain from getting tattooed during the pandemic) | YES / NO (please circle one) |
| Do you have heart disease, lung disease, kidney disease,  Diabetes, or any auto-immune disorder? (clients with compromised immune systems are encouraged to refrain from getting tattooed during the pandemic. We may require a drs note informing us whether its safe to tattoo you) | YES / NO (please circle one) |
| Have you travelled out of the region / state / country in the past 14 days? | YES / NO (please circle one) |
| I HAVE ANSWERED ALL THESE QUESTIONS HONESTLY AND TO THE BEST OF MY ABILITY. I UNDERSTAND THAT IF I HAVE MISREPRESENTED MY HEALTH STATUS OR THAT OF MY IMMEDIATE HOUSEHOLD IN ORDER TO GET TATTOOED OR PIERCED, I MAY BE HELD LIABLE IN A COURT OF LAW. | (YOUR SIGNATURE HERE) |

Positive responses to any of these questions will likely indicate a deeper discussion with your artist before proceeding with your body modification.