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Covid-19 Clearance Questionnaire

I, _____, consent to *Inspiring Beauty Lifestyles, LLC DBA/ Smooth Epilator*, hereinafter known as the "Service Provider" to deliver its services considering my follow attestations:

1. I don't have any of these symptoms that are not caused by another condition

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell • Sore throat
- Congestion
- Nausea or vomiting
- Diarrhea

2. I am fully vaccinated against Covid-19, and have not been in close contact with anyone with Covid-19 in the past 14 days. Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with Covid-19 with or without wearing a mask (i.e., being coughed or sneezed on).

3. I have not had a positive Covid-19 test for active virus in the past 10 days, or are you awaiting results of a Covid-19 test.

4. Within the past 14 days, no public health or medical professional told me to self-monitor, self-isolate, or self-quarantine because of concerns about Covid-19 infection.

Signature: _____ Date: _____

Name (please print):

Address:

Signature of parent or legal guardian:

_____ (if under 20 years of age)