



INFORMED CONSENT-COVID 19

I understand that I am opting for an elective treatment/procedure that is not urgent and may not be medically necessary.

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 federal and state health agencies recommend social distancing.

I recognize that the staff at Prodigio Day Spa & Salon are closely monitoring this situation and have put in place reasonable, preventative measures targeted to reduce the spread of COVID-19. Given the nature of the virus, however, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this elective treatment/procedure.

I acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment/procedure and I give my permission for the providers and staff to proceed.

I understand that even if I have been tested for COVID-19 and received a negative test result, the tests in some cases fail to detect the virus or I may have contracted COVID-19 after the test. I understand that if I have a COVID-19 infection regardless of any symptoms, proceeding with this elective treatment/procedure can lead to a higher chance of complications.

I understand that possible exposure to COVID-19 before/during/after my treatment/procedure may result in any of 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, other potential complications, and risk of death. In addition, after my elective treatment/procedure 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 in the Informed Consent, as well as those risks for the treatment/procedure itself.

I have been given the option to defer my treatment/procedure 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 treatment. I acknowledge that I have been offered a copy of this consent form and have no further questions.

Guest Signature _____

Employee Signature _____

Date ____/____/____