



LA · PURA · VIDA

MEDSPA

NEW IMPORTANT INFORMATION, PLEASE READ THE FOLLOWING CAREFULLY

By signing below you attest to the following:

1. I have not returned from any foreign country within the last 14 days.
2. I have not had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days.
3. I have not been in close contact with anyone who has traveled to any other country in the last 14 days.
4. I have not experienced any cold or flu-like symptoms in the last 14 days (To include fever, cough, sore throat, respiratory illness or difficulty breathing.)
5. If I am not able to attest to questions 1 - 4, I must call La Pura Vida Medspa to reschedule my appointment.

Thank you for your confirmation.

La Pura Vida Medspa.

Patient Signature _____

Date: _____