



1617 Kapiolani Blvd #206, Honolulu, HI 96814
Alluringllc.com 808-368-3709

COVID-19 Client Screening Form

Client full name _____

- 1) Has the patient returned from travel to a non-U.S. country in the previous 14 days?
- 2) Is the patient currently experiencing any of the following flu-like symptoms:
___Yes ___No

If yes, please check symptoms:

- | | |
|---------------------------------------|---------------------------|
| _____ Fever | _____ Sore Throat |
| _____ Chills | _____ Shortness of breath |
| _____ Muscle aches | _____ Nausea/Vomiting |
| _____ Runny nose | _____ Headache |
| _____ Abdominal pain and/or diarrhea | _____ Cough |
| _____ Loss of sense or taste or smell | _____ other explain |

- 3) Have you been in close contact with someone who has been ill with cough and/or fever within the past 14 days? ___Yes ___No
- 4) Do you have any of the following conditions:

_____ Heart condition	_____ High Blood Pressure
_____ Lung condition	_____ Diabetes
_____ Immune compromised (HIV, cancer, other)	_____ Pregnant

5) Current patient temperature _____

I acknowledge and certify that all the above information provided is true and correct, and I consent to receive service(s).

Client Signature

Date

I have interviewed the patient and confirm that they are approved to receive service(s) with me, _____.

Technician Signature (Alluring LLC staff)

Date



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COVID-19 Consent Form

Client full name _____ Date _____
Address _____
Contact phone number _____
Emergency contact name & ph. number _____

I, _____, knowingly and willingly consent to have the following service(s) performed: _____.

I acknowledge and 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 based on the current limits in data and virus testing.

The above service is undetermined and not guaranteed that I will not be at risk for transmission of the COVID-19 virus.

Please read and initial:

____ I have been made aware of the CDC guidelines and that social distancing requirements are not possible with this service(s).

____ I consent and agree to proceed with this service(s) at my own knowledge and risk(s).

____ I have been screened and verify that I do not have any symptoms that require medical concern or attention.

____ I have been educated and made aware of the any and all possible risks, should I choose to proceed with this service(s).

____ I release Alluring LLC and _____ (Technician) from any and all liabilities as a result of transmission of COVID-19.

____ All may question and concerns have been acknowledged and answered sufficiently and to my satisfaction.

____ I hereby release any and all liability to Alluring LLC and staff.

I acknowledge and understand the above statements.

Client Signature

Date