



Tattoo Appointment Health Risk Assessment

PART A: Symptoms

If Yes –Please reschedule your appointment. If No, continue to next question.

Does you present with any of the symptoms listed:	PLEASE CIRCLE ONE	
• Cough (new cough or worsening of chronic cough) *	YES	NO
• Temperature greater than 38C*	YES	NO
• Shortness of breath/difficulty breathing (new or worsening) *	YES	NO
• Runny nose *	YES	NO
• Evidence of sore throat *	YES	NO
• Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)	YES	NO
• Conjunctivitis, commonly known as pink eye.	YES	NO

PART B: Travel/Contact

If Yes – Please reschedule your appointment. If No, come on in!

Have you or anyone in your household travelled internationally within the last 14 days or had contact with a person who has travelled internationally in the last 14 days?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Have you had close <u>unprotected</u> * contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with any of the symptoms listed in Section A?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Have you or anyone in your household been in close <u>unprotected</u> *contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

*Unprotected means close contact without appropriate personal protection equipment (PPE)

Please note that the health risk assessment criteria may be subject to change as new information is published by Alberta Health Services

If appointment needs to be cancelled for any reason, please contact your artist to reschedule

I have read the above information. I understand and agree that the information I have provided above is accurate and realize that some of the conditions are subject to change based on Alberta Health guidelines.

Name: _____

Date: _____

Signature: _____

Artist: _____