



As a matter of transparency, we are providing information to you regarding COVID-19 and its relationship to procedures here at the Rocky Mountain Laser College.

At this time, the evidence suggests COVID-19 is transmitted via respiratory droplets and physical contact between people. As services providers, we will be in close contact with each of our clients. Therefore, such proximity places clients and staff at mutual risk for transmission. However, we will mitigate/reduce our transmission risks as much as possible.

- Staff with a fever will not be allowed in the facility. Staff will follow current and ongoing Colorado rules regarding sickness, work and isolation/quarantine regarding work abilities.
- Patients with a temperature of 100.4° will not receive aesthetic procedures and will be asked to reschedule their procedure.

It will impossible to fully guarantee that any staff or client would not be at risk to acquire COVID-19 during such close proximity of human to human contact during these aesthetic procedures, despite the best efforts to maintain cleanliness and excellent procedural technique.

- Clients will be required to arrive with a mask and keep it on whenever possible during procedures.
- We will routinely wear masks and gloves to protect you and our staff.
- We will regularly clean all equipment and surfaces with antiviral cleaning solutions.
- Clients should follow post-procedure instructions carefully.

### **ACKNOWLEDGEMENT AND CONSENT FOR SERVICES**

I fully understand and acknowledge some risk in your aesthetic procedures for the acquisition of COVID-19 and all consequences of COVID-19. Furthermore, you agree to hold harmless the Rocky Mountain Laser College, its owners, its staff, its landlord and its Medical Director Jill Sohayda MD for your elective procedure.

I consent to my temperature and blood oxygen level being measures and recorded in my chart.

I attest I am not experiencing any known COVID-19 symptoms within the last 14 days.

I attest I have not been in contact with a person who has been experiencing known COVID-19 symptoms within the last 14 days.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_