



General COVID-19 Health Questionnaire for Bay City Tattoo

1. In the last 30 days, Have you, or any one you closely associate with, traveled? Where & When?
2. In the last 30 days, Have you experienced any of the following symptoms, or combinations of symptoms, related to COVID-19:

<input type="checkbox"/> Cough	<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Fever
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Headache	<input type="checkbox"/> Body aches
<input type="checkbox"/> difficulty breathing	<input type="checkbox"/> Sore throat	<input type="checkbox"/> any other covid-19 related symptoms?
<input type="checkbox"/> Fever	<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> or flu-like symptoms?
<input type="checkbox"/> Chills	<input type="checkbox"/> Persistent dry cough	
<input type="checkbox"/> Repeated shaking + chills	<input type="checkbox"/> Shortness of breath	

3. In the last 30 days, have you had close contact with anyone displaying any of the above symptoms?
4. Are you immune compromised as described by the CDC?
5. Are you in general good health?
6. Do you have any health conditions that we should be aware of?

7. When you arrive for your appointment you will be required to wear a protective mask the entire time you are in the tattoo shop, will this be a problem?

Please print this form, answer all questions, and send a copy to the shop or artist, at least 1 to 4 hours before appointment. When you arrive for your appointment you will be asked to fill out our Tattoo Release Form, it asks for your driver's license or State/ Federal issued ID card. **MAKE SURE YOU HAVE IT WHEN YOU ARRIVE.** We ask for your honesty and understanding as all that we are doing is to help make everyone as safe as possible.

SIGN: _____

PRINT NAME: _____

DATE: __/__/__