



Oxygen Bar

INTAKE/WAIVER FORM

Print Name: _____

IMPORTANT: If Any Of The Conditions Below Are Marked, Oxygen Bar Is NOT A Safe Service For You And You Are Not Eligible For This Service. Please Mark Any Of The Following That Apply. Please Check Any Medical Condition Listed Below That You Apply To You, If The Condition Does Not Apply To You Please Indicate N/A (Not Applicable).

Condition	Yes/NA	Contraindication
Asthma		Air Trapping Upon Ascent Leading To Pneumothorax
Claustrophobia		Anxiety
Congenital Spherocytosis		Severe Hemolysis
Chronic Obstructive Pulmonary Disease (COPD)		Loss Of Hypoxic Drive To Breathe
Emphysema		Too Much Oxygen Can Cause A Person With Emphysema To Stop Breathing

I Affirm That I Have Stated All My Known Medical Conditions And Answered All Questions Honestly. I Agree To Keep Pure Skinz Aesthetics Updated As To Any Changes In My Medical Profile And Understand That There Shall Be No Liability On The Pure Skinz Aesthetics Part Should I Fail To Do So. Please Understand This Is For Your Safety And Well-Being. Your Health Is Important To Us.

Signature: _____ Date: _____