

Date Phone

Name

Email

Address

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Due to the ongoing COVID-19 pandemic, we are taking extra precautions to ensure the safety of our staff and clients. As such we need you to complete this form before your appointment with us.

Your Health

Have you experienced any of the following symptoms?

Cough Shortness of Breath Fever of 38°C or higher No symptoms

Travel and Contact

Have you travelled internationally within the past 14 days? Yes No

Have you come into contact with any suspected, probable or confirmed COVID-19 infected persons within the last 14 days? Yes No

Your appointment

Please read each of the following statements carefully and tick to indicate that you agree.

- I agree to follow strict hygiene practices while at my appointment including washing or sanitising my hands on arrival, and will comply with staff instructions during my service.
- I will not bring anyone unrelated to my appointment with me to the salon to limit the number of people on the premises.
- I agree to maintain physical distance from staff and I understand that our usual procedures will be different with respect to how you are greeted and how your service is delivered.
- You understand that in the current, fast moving climate we may need to reschedule your appointment with very short notice. If this occurs we will do our best to find a new time for you, in line with government guidelines.
- You agree to let us know if any of the details you have provided change, particularly with regards to developing any symptoms of, or exposure to COVID-19. The safety of our staff and clients is paramount and your cooperation helps keep our whole community safe.

Signed