

Your Name

Your Phone Number

Questionnaire Submission Date

 : 2020

Touch of Beauty

COVID-19 Questionnaire

To ensure the Safety & Health of all people interacting at Touch of Beauty, all visitors must complete the declaration form prior to entering our salon. This declaration will meet the GDPR requirements.

If you indicate to us that you have symptoms of COVID19, you should not be visiting our premises.

Where this is the case, you are prohibited from entering our premises and we advise you to seek professional medical help/assistance.

NOTE:

Whilst visiting our salon, please adhere to our new safety measures regarding infection control

- Masks must be worn at all times during your visit- you will be asked to take your mask home with you, you can wear your own or purchase with us at an additional cost
- You will be asked to wash your hands on arrival then sanitise
- For hygiene reasons drinks, food and magazines are prohibited
- Pay with a contactless card if possible or bank transfer preferred or try to have the correct money
- Keep your phone and any personal belongings in your bag
- No guests unless for medical reasons
- Please arrive on time, not early or late. We will collect you from the conservatory
- Minimise talking
- If you tend to get chilli, bring a jumper or coat, this must be kept on during your visit

Please Sign...

Please complete the following questions.

1: Are you suffering any flu like symptoms of corona COVID-19?

Please tick one... **NO** **YES**

2: Are you experiencing any difficulty in breathing, shortness of breath?

Please tick one... **NO** **YES**

3: Are you experiencing any fever like/high symptoms?

Please tick one... **NO** **YES**

4: Did you consult a doctor or other medical practitioner?

Please tick one... **NO** **YES**

5. How are you feeling overall from a health point of view?

Please tick one... **WELL** **UNWELL**

6: Have you a new continuous cough?

Please tick one... **NO** **YES**

7: Have you experienced a loss or change in your sense of smell or taste - Do things smell or taste differently?

Please tick one... **NO** **YES**

8: Have you been in contact with someone who has had any type symptoms of COVID-19 within the last 14 days?

Please tick one... **NO** **YES**