



## Covid-19 Salon Client / Visitor Declaration

Name: .....

Address: .....

.....

Mobile No: .....

Therapist: .....

Date: .....

To ensure the safety and health of all people interacting with Flawless Beauty, clients and visitors must complete this declaration form prior to entering or on arrival at our salon. If you indicate to us you have symptoms of COVID-19 OR you have been abroad in the last 14 days with exception to Northern Ireland you will be required to either restrict your movements or self-isolate.

Where this is the case, you are prohibited from entering the Salon and advised to seek professional medical help/assistance in line with HSE guidelines.

### Questionnaire

Circle Your Answer

- |  |        |      |
|--|--------|------|
| 1: Have you visited any of the countries outside Ireland excluding Northern Ireland?   | Yes    | No   |
| 2: Are you suffering any flu like symptoms?  | Yes    | No   |
| 3: Are you experiencing any difficulty in breathing, shortness of breath?  | Yes    | No   |
| 4: Are you experiencing any fever/ temperature symptoms?   | Yes    | No   |
| 5: Did you consult a Doctor or any other medical practitioner?   | Yes    | No   |
| 6: How are you feeling Health wise?  | Unwell | Well |
| 7: Have you been in contact with someone who is confirmed to have COVID-19 has visited an affected region in the past 14 days? | Yes    | No   |

**NOTE:** When in the Salon, please adhere to our in-salon standard process/procedures regarding Infection control, ie hand washing/ hand sanitising and general coughing/sneezing etiquette?

**Please bring this form with you when visiting the salon or email it to: [info@flawlessbeauty.ie](mailto:info@flawlessbeauty.ie)**

Signature

Date