**Place your business name/ logo here**

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| **Visitor COVID-19 Questionnaire** |
| Name: |
| Address/ Eircode: |
| Mobile No.: |
| Stylist/ Barber: |
| Date: |

To ensure the Safety & Health of all people interacting with (insert Salon Name), clients and visitors must complete this declaration form prior to entering or on arrival 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/spa and advised to seek professional medical help/ assistance in line with HSE Guidelines.

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| **Yes No** |
| 1. Have you visited any of the countries outside Ireland excluding Northern Ireland?
2. Are you suffering any flu like symptoms?
3. Are you experiencing any difficulty in breathing, shortness of breath?
4. Are you experiencing any fever/temperature symptoms?
5. Did you consult a Doctor or other medical practitioner?
6. How are you feeling Health wise? **Well Unwell**
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?
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| NOTE: When in salon/ spa, please adhere to our in-salon/spa standard processes/ procedures regarding infection control, i.e. hand washing/ hand sanitising and general coughing/ sneezing etiquette. |
| Signature: Date: |