



## Covid-19 Salon Client / Visitor Declaration

Name: .....

Address: .....

.....

Mobile No: .....

Therapist: .....

Date: .....

To ensure the safety and health of all people interacting with Skin & Body Works, 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?   | <b>Yes</b>    | <b>No</b>   |
| 2: Are you suffering any flu like symptoms?  | <b>Yes</b>    | <b>No</b>   |
| 3: Are you experiencing any difficulty in breathing, shortness of breath?  | <b>Yes</b>    | <b>No</b>   |
| 4: Are you experiencing any fever/ temperature symptoms?   | <b>Yes</b>    | <b>No</b>   |
| 5: Did you consult a Doctor or any other medical practitioner?   | <b>Yes</b>    | <b>No</b>   |
| 6: How are you feeling Health wise?  | <b>Unwell</b> | <b>Well</b> |
| 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? | <b>Yes</b>    | <b>No</b>   |

**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@skinandbodyworks.ie](mailto:info@skinandbodyworks.ie)

Signature

Date