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# Sebastian Marks Client/Visitor COVID-19 Questionnaire

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## Form

Name: \*

Address: \*

Email:

Contact Number:

Stylist/Beautician:

Date of Appointment:

To ensure the Safety & Health of all people interacting with Sebastian Marks, 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 and advised to seek professional medical help/assistance in line with HSE Guidelines.

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 other medical practitioner?

Yes  No

6. How are you feeling Healthwise?

Well  Unwell

7. Have you been in contact with someone who is confirmed to have COVID-19 or has visited an affected region in the past 14 days?

Yes  No

**NOTE:** When in salon, please adhere to our in-salon standard processes/procedures regarding infection control, i.e. hand washing/hand sanitising and general coughing/sneezing etiquette?

Signature: \*

Date: \*

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