



**COVID-19: Client Questionnaire / Self – Declaration**

In the interests of the safety of the people at this salon, their families, and the community, Robert Byrne Hairdressing ask that you please complete the following questionnaire/self- declaration. Your co-operation and support are appreciated.

You will be requested to leave the salon if you answer 'Yes' to any of the following questions.

Question	Yes	No
Do you have <b>any</b> of the following COVID-19 typical symptoms: persistent cough, fever, high temperature, breathing difficulties or shortness of breath, or other flu-like symptoms in the past 14 days?		
Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?		
Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?		
Have you had direct contact with anyone who is under investigation or self-isolation concerning COVID-19 in the past 14 days?		
Have you been advised by a doctor to self-isolate at this time?		
Have you been advised by a doctor to cocoon at this time?		

I confirm that:

- I have read and understood the questions asked above
- I have answered all questions truthfully
- I commit to advising site management and excluding myself from the facility if this situation changes, (i.e. if a point in the future, I would answer 'Yes' to any of the above questions).

Name			
Signature		Date	