

Business name: _____

COVID-19 Disclaimer

Following the COVID-19 pandemic, we've put extra measures in place for the safety of you and our staff members. We require all clients to fill in our COVID-19 form before arrival so that we can provide the best possible and safe experience to our clients and staff members.

Please carefully read and answer the below questions. This information will be stored confidentially and securely for 21 days.

If you or a member of your household has developed a cough, fever, breathlessness, sore throat or headaches in the last 14 days, please contact us before your appointment so we can obtain further information from you and advise.

Please get in touch if you have any questions - we're looking forward to welcoming you back.

Personal information

First name:

Last name:

Phone number:

Address:

Questions

Please answer all of the below questions and choose one answer.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you experiencing a cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you experiencing a shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had a fever (above 37.7C degrees) in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you noticed a loss or change in your sense of taste or smell? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had any contact with anyone that has suspected COVID-19 in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
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Agreement

- I have understood, read and completed this form truthfully to my knowledge.
- I knowingly and willingly consent to having services at _____ during the COVID-19 pandemic.
- I consent for the services to be carried out which involves a staff member of the _____ team being in physical contact with me with less than 2 metres distance.
- I confirm to my knowledge that I, my household or social bubble have not been in contact with anyone that has had symptoms of COVID-19 in the last 14 days.
- To prevent the spread of the virus and protect each other, I confirm that I will strictly follow _____ guidelines.
- If guidelines are not strictly followed, I understand that _____ has the right to cancel the appointment with the full cost of the service being charged and any other paid costs being non-refundable.
- I confirm that I release the _____ staff member performing the service and _____ as a business from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature

Client signature: _____

Date: _____

F R E S H A

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