

**COVID – 19 Client Questionnaire**

Date:

Client Name:

Client Phone Number:

Services Booked in For:

Have you travelled abroad within the last two weeks?

Have you fallen ill in the last two weeks?

Have you been in contact with anyone who has fallen ill, within the last two weeks?

Have you experienced any of the following symptoms in the last two weeks?

* Dry, persistent cough
* High Temperature
* Difficulty breathing

I have viewed the Green & Co Guidelines prior to my appointment, and understand and agree to them?

Temperature taken?

Temperature recorded:

Have you visited us and/or had a skin test in the last six months?

How was your Skin Test performed?

By a Stylist

Posted out, with instructions, and performed by myself.

Any reaction to your skin test?

Can we proceed with the service today, given the information provided?

Client concerns:

Declaration

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that above information is correct and true, and I am happy for Green & Co to proceed with my service.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that because of the information provided, Green & Co are unable to perform my services today.

Signed (Client):

Signed (Stylist):