



54, Main Street, Rathfarnham Village, Dublin 14
Tel: (01) 4925073
Email: rosshairclinic@icloud.com
www.rosshairclinic.com

COVID-19 QUESTIONNAIRE

VISITOR/CONTRACTOR COVID-19 QUESTIONNAIRE

Name:

Address/Eircode:

Mobile No:

Date of Appointment:

To ensure the safety and health of all people interacting with Ross Hair Studio and Clinic, clients and visitors must complete this declaration form prior to entering or on arrival at our salon. If you have been abroad in the previous 14 days of your appointment date, with exception to Northern Ireland, I will be unable to see you for the first week after you arrive home and you will need a negative Antigen test on the day of your appointment if it falls on the second week after you arrive home. If you have had Covid-19 or symptoms of Covid-19, I will require a negative PCR test 14 days after you showed signs of first symptoms.

1. Have you visited any of the countries outside Ireland, excluding Northern Ireland in the last 14 days?
Yes No
2. Are you suffering from any flu-like symptoms? Yes No
3. Are you experiencing any loss of taste? Yes No
4. Have you developed a new and persistent cough? Yes No
5. Are you experiencing any difficulty in breathing/shortness of breath? Yes No
6. Are you experiencing any fever/temperature symptoms? Yes No
7. Did you consult a doctor or medical practitioner? Yes No
8. How are you feeling healthwise? Well Unwell
9. 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: