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COVID-19 QUESTIONNAIRE

VISITOR/CONTRACTOR COVID-19 QUESTIONNAIRE

Name:

Address/Eircode:

Mobile No:

Date:

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 indicate to us that that 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

1. Have you visited any of the countries outside Ireland, excluding Northern Ireland?

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: