

PRE-APPOINTMENT CLIENT FORM

Failure to complete this form may result in your appointment being rescheduled/cancelled.

Name: _____ Phone/email: _____

Screening Questions:

Have you travelled overseas in the past 30 days? ☐ No ☐ Yes

Have you been tested for COVID-19? ☐ No ☐ Yes, when? ____/____ Result? + / -

Have you had contact with a positive or suspected COVID-19 case? ☐ No ☐ Yes

Do you currently have any COVID-19 symptoms? ☐ Temperature above 38°C ☐ Shortness of breath ☐ Loss of sense of taste/smell ☐ Dry cough ☐ Runny nose ☐ Sore throat

If you have any of the above symptoms, we recommend that you self quarantine & consider being tested for COVID-19.

I Agree To:

- ☐ Ensure my hands are thoroughly washed/sanitised before entering the clinic.
- ☐ Only bring in necessary items to my appointment in a disposable bag. (i.e. phone, wallet, keys)
- ☐ Attend my appointment alone, without children or other people.
- ☐ Wait in the car until my specified appointment time. (Please ensure you are not late, as this will reduce your treatment time, additionally we need extra time to sanitise after your treatment.)
- ☐ Avoid touching common surfaces throughout the clinic where possible.
- ☐ Have my temperature taken upon entry at the clinic.
- ☐ Contact the salon if I present with any symptoms within 2 weeks following my appointment.

I Understand That:

- ☐ Signing/submitting this form means that all information provided is true and correct.
- ☐ This clinic will do everything possible to minimise the spread of COVID-19, but I will not hold them responsible should I contract COVID-19.
- ☐ Maintaining a social distance (1.5m) may not be possible during all treatments, however I will distance myself where possible.
- ☐ My details will be recorded upon entering the clinic, for the purpose of contact tracing.
- ☐ My appointment may be rescheduled/cancelled due to a sick staff member.
- ☐ My appointment time may be rescheduled due to answers I provide in this form.

Signed: _____ Date: _____