


### COVID-19 Questionnaire

The safety of our employees, supplier partners, customers, families and guests remains This Salons overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, SHEQ4SME safety and the salon owner are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and guests, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Name:	Personal Phone Number (mobile/home)
Company/Organization:	Temp on arrival: over 38 c not allowed onto the site
Name of person did the Body Temperature Measurement:	

1	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Live in or visit a place where COVID-19 is spreading? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Did you self-isolate over the lockdown period Yes <input type="checkbox"/> No <input type="checkbox"/>

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If the answer is “yes” to any of the questions, access to the facility will be denied.

Signature (guest): \_\_\_\_\_ Date: \_\_\_\_\_

**Note: if you plan to be onsite for consecutive days, please immediately advise your host if any of your responses change. The information collected on this form will be used to determine your access right to the facilities.**

Access to the facility (circle one):          Approved          Denied