

Shine Hair Studio Ltd

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Pandemic - Self-declaration form Self-isolation

Disclosure of exposure or illness is required in order to safeguard the health and safety and restrict the outbreak in our Salon. Information collected will be kept safely, and any personal information will not be disclosed unless as required by B.C. Health or other government agencies.

Name

Date of Visit

Hair Stylist

Questionnaire

1. Have you traveled outside Canada within the last 14 days? Yes No
2. Have you been in close contact with a person diagnosed with or suspected of being infected by COVID-19? Yes No

What is your relationship with this person: _____

Do you live in the same home: Yes No

What was the last date of contact: _____

3. Have you experienced any of the following symptoms in the past 7 days?
- | | | |
|---|------------------------------|-----------------------------|
| Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dry cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tiredness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Running nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty breathing or shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chest pain or pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of speech or movement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aches and pains | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diarrhoea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conjunctivitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of taste or smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rash on skin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discoloration of fingers or toes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered yes to any of the above-mentioned questions, you will be asked to rebook your appointment for a date that is equal to at least 14 days from today's date.

I confirm that the information above is accurate.

Client Signature

Phone Number

Date