

To be completed by every client/visitor on arrival at the salon

Name

First name

Last Name

Contact Telephone Number

Mobile or Home

Email

Email

Appointment Date

Date (dd/mm/yyyy)

Start Time

Start Time (hh:mm)

End Time

End Time (hh:mm)

Technician Name

Nail Technician Name

Temperature on Entry

Temperature (°C)

Please answer the following questions by ticking the appropriate box:

	YES	NO
Do you currently, or have you had, symptoms of COVID-19 in the past 14 days? Fever, severe muscle aches, new cough, breathing difficulties, high temperature, loss of taste/smell	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or anyone in your household, been diagnosed with COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with a new coronavirus-related patient in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled to any of the high-risk areas in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently waiting for test results for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Do you object to having a temperature check on arrival at the salon?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all questions you will be permitted to have your appointment.

By signing the form below, I am acknowledging the potential risk to contract the COVID-19 disease during services provided today and voluntarily agreed to accept services. I further agree and hereby release Beautiful Nails, Sidcup and its employees from any and all liability associated with the potential risk to contract NOVEL CORONAVIRUS (COVID-19).

Client's Signature

Date

Date (dd/mm/yyyy)