tiara

COVID-19 Pre-screening Form

First and Last Name

Date of Appointment

Email Address

Phone Number

	Yes	No
1. Have you been in close contact in the past 14 days with someone who has cold or flu like symptoms?	☐	☐
2. Have you been in close contact in the past 14 days with someone with a confirmed case of COVID-19?	☐	☐
3. Have you experienced cold or flu symptoms (cough, runny nose, fever or sore throat) in the last 3 days?	☐	☐
4. Do you currently have any cold or flu symptoms like cough, runny nose, fever, or sore throat?	☐	☐

Concerning health and safety for other clients and staff, ff the response is YES to any of the above questions, you will not be permitted access to the Tiara Salon premises at this time.

Signature