

## Covid-19 Questionnaire

We must work together to provide a safe and healthy environment for everyone. We are taking every precaution to ensure you have a safe and relaxing appointment.

Please answer the following questions.

- |    |   |   |   |
|----|---|---|---|
| 1. | Do you have any of these symptoms?  |   |   |
|    | a. Temperature above 37.8 degrees Celsius   | Y | N |
|    | b. New or worsening cough   | Y | N |
|    | c. Shortness of breath  | Y | N |
| 2. | Have you been in close contact with a person that tested positive for Covid-19 in the last 14 days? | Y | N |
| 3. | Have you travelled outside Canada in the last 14 days?  | Y | N |

If you answered yes to any of the above questions, then we must reschedule your appointment. Please contact me. If you answered no to all of the above questions, then please email this completed form to [aloyssiussalon@gmail.com](mailto:aloyssiussalon@gmail.com) or bring it to your appointment. We will have copies available at the salon.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_