

# Health Disclosure Form

The health and wellbeing of our clients and team is very important to us. Please assist us in keeping our salon COVID-19 free by filling out this health disclosure form.

Have you tested positive for COVID-19? YES / NO

Have you been in contact with anyone who has tested positive for COVID-19? YES / NO

Do you currently have any of the COVID-19 symptoms (fever, cough, sore throat, shortness of breath, breathing difficulties)? YES / NO

Have you returned from overseas or interstate in the last 2 weeks? YES / NO

Have you been asked to quarantine? YES / NO

Have you visited the airport in the last 2 weeks? YES / NO

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

Phone: \_\_\_\_\_ Sign: \_\_\_\_\_