



COVID-19 CONSULTATION FORM

All questions contained in this questionnaire are strictly confidential and will only be shared with your service provider.

Client Name:	DATE:
Email:	Would you like to receive newsletters from the salon?
Phone:	Emergency Contact:

Would you consider yourself high risk?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Over the age of 65
<input type="checkbox"/> Hypertension (high blood pressure)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Weakened Immune System	

COVID- 19 Symptom Checker (please reschedule your appointment if you check any of the below boxes)		
<input type="checkbox"/> Fever	<input type="checkbox"/> Dry Cough	<input type="checkbox"/> Skin Rashes
<input type="checkbox"/> Chills/Shakes	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Sudden loss of taste or smell
<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Chest Pain or Pressure

I understand the above symptoms and affirm that I, as well as my household members DO NOT currently have, nor have experienced the symptoms above within the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in close contact with anyone who has shown symptoms of sickness within the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I affirm that I as well as household members, have NOT been diagnosed with COVID-19 within the last 30 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any household members traveled outside of the country, or to any city that has been considered a "Hot Spot" for COVID-19 infections within the last 21days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in close contact with anyone who has been travelling within the last 21 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that due to the characteristics of the virus, I have an elevated risk of contracting the virus by being here	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that Vero & Co Studio screens all clients and team members for possible COVID-19 symptoms, however carriers of the virus may be completely asymptomatic as the virus has a long incubation period during which carriers of the virus may show no symptoms and still be contagious	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that the provincial health authority recommends physical distancing of at least 6 feet, and this is not possible when receiving beauty treatments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am aware of the risks and understand that Vero & Co Studio and my service provider cannot be held liable for any exposure to the virus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have read and understand the salons COVID-19 protocols	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please write the services you will be receiving in the box below:

Please write any questions or concerns you may have in the box below

Signature