CLIENT HEALTH CHECK QUESTIONNAIRE: CORONAVIRUS (COVID 19) 2021

Please ensure that you print, complete and bring this form with you to your next appointment. Please also ensure that you bring one to every appointment that you attend going forward.

Clients Name: _____

Appointment date: _____

As per Government Guidelines the most important symptoms of coronavirus (COVID-19) are the recent onset of any of the following:

• a new continuous cough
• a high temperature/fever (38 degrees C or higher)
• difficulty breathing
• a loss of, or change in, your normal sense of taste or smell (anosmia)

Have you or anyone you live with or to the best of your knowledge, anyone you have been in *close contact with, within the last 14 days experienced any of the above symptoms?
NO / YES

Have you or anyone you live with or to the best of your knowledge, anyone you have been in *close contact with, within the last 14 days awaiting a result on a COVID 19 test?
NO / YES

Have you or anyone you live with or to the best of your knowledge, anyone you have been in *close contact with, within the last 14 days tested positive for COVID-19
NO /YES

*Have you had your COVID-19 vaccine in the last 14 days
NO/YES?

Please note: enhanced cancellation notices will be applicable as follows:

- More than 48 hours = no charge payable
- Less than 48 hours = 100% of total treatment charge payable
- No shows = 100% of total treatment charge payable

By signing below, you agree to the Covid-19 guidelines and protocol terms and conditions.

Signature: _____

Date: _____

This document will be kept by Daxa Spa for 21 days. This information will not be shared with any third party unless there is an official request by the NHS Track and Trace.

A new questionnaire will need to be completed upon each visit until further notice.