

Health Questionnaire

MAKEUP CLIENT

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Donna Louise

- ☐ I can confirm I **do not have any covid or flu-like symptoms**, including coughs, headaches, fever, muscle fatigue or shortness of breath.
- ☐ I **have not experienced any of the symptoms** listed above in the **last 2 weeks**, or been **exposed to anyone** displaying these symptoms.
- ☐ I have **not tested positive for covid-19** in the past 2 weeks, or **cared for someone** with the virus.
- ☐ I have **not left the country** in the last two weeks
- ☐ (If yes, I have **tested negative** for covid-19 on arrival and/or completed the required quarantine period.
- ☐ If I **develop any of the symptoms** over the next couple of week, I confirm that I will let my makeup artist know.

Signature

Name

Date

Phone Number