

Bodyworks Day Spa

COVID-19 GUEST Questionnaire

Is your appointment today?

Yes No

(if no please answer on the day of your booked appointment)

We are updating our files (your details will not be passed on and are for our sole use)

Full Name:

Gender:

Email:

Contact phone number:

Address including post code:

*Spa treatment guests only = Medication you are taking

*Spa treatment guests only = Any operations or medical conditions (ideally include dates)

Have you or any household members knowingly been in close contact (within 1 metre) of someone who has had a confirmed case of COVID-19 in the last 14 days?

Yes No

Are you currently experiencing any of the known COVID -19 symptoms?

Abnormal fatigue: Yes No

High temperature: Yes No

New persistent cough: Yes No

Loss of taste or smell: Yes No

Have you had a fever in the last 48 hours of 100F or above?

Yes No

If you have answered yes to any of the above questions you will be asked to reschedule your appointment for another day. No cancellation fee will be applied in this case thank you for your support.

I understand that it may be requested I keep my mask on during the treatment.

I consent to having my treatment today having understood the implementations Bodyworks day spa team members have put in place under the guidance of their governing bodies.

Signed: _____ Date: _____

Ideally please print out and bring this completed form with you in an envelope.

Please feel free to add any questions here: