



Angelic Covid -19 Questionnaire

We are asking the following questions to ensure the health & safety of all our visitors, staff, clients, customers & students to our premises in light of the recent Covid-19 pandemic. Your health, safety and well-being are of the upmost importance to us and we would kindly ask you to please answer the following questions. By answering the following questions, you agree to us holding this data on file along with your client/student record card in line with our GDPR policy.

Name:

Address:

Phone or Email:

Have you been suffering any of the following symptoms over the past 14 days?

Please circle as appropriate

Temperature or fever

Sore throat

Cough

Difficulty in breathing

YES NO

Have you knowingly in the past 7 days had contact with anyone who is suffering from Covid-19/coronavirus?

Please circle as appropriate

YES NO

Would you consider yourself as high-risk or have pre-existing medical conditions that can increase your vulnerability to covid-19/coronavirus?

Please circle as appropriate

YES NO

If you have answered yes to any of the above we would ask you to re-schedule your appointment

Signature_____ Date_____