

# SENSARA BEAUTY



NAME:

ADDRESS:

CONTACT PHONE:

DATE OF APPT:

I CAN CONFIRM THE FOLLOWING:

NO.	DETAILS	CONFIRM YES/NO
1.	HAVE YOU TRAVELLED OR HAD CLOSE CONTACT WITH ANY PERSON(S) WHO HAVE RETURNED FROM OVERSEAS IN THE LAST 14 DAYS?	
2.	HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE SUSPECTED COVID-19 CASES IN THE LAST 14 DAYS?	
3.	HAVE YOU BEEN IN CLOSE CONTACT WITH ANY CONFIRMED COVID-19 CASES IN THE LAST 14 DAYS?	
4.	HAVE YOU WORKED IN OR VISITED A HEALTH FACILITY WITH COVID-19 IN THE LAST 14 DAYS?	
5.	DO YOU HAVE A FEVER OR ANY FLU LIKE SYMPTOMS?	
6.	ARE THERE ANY OTHER CONCERNS WE NEED TO KNOW ABOUT?* IF YES DETAIL BELOW	

\*DETAILS:.....

**IMPORTANT: IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS THEN PLEASE INFORM STAFF IMMEDIATELY – IN THE CASE OF HEALTHCARE WORKERS YOU ARE ABLE TO ATTEND APPTS PLEASE JUST INFORM STAFF AND FOLLOW GUIDELINES AS PER QUEENSLAND HEALTH**  
**See [www.business.qd.gov.au/running-business/covid-19-restrictions](http://www.business.qd.gov.au/running-business/covid-19-restrictions)**  
**For further information if required.**

SIGNED:
DATE:

THANK YOU FOR YOUR CO-OPERATION AND CONSIDERATION. STAY SAFE!

NOTE: THIS FORM WILL BE RETAINED BY SENSARA BEAUTY AND POTENTIALLY USED FOR CONTACT TRACING PURPOSES