**Coronavirus Self-Declaration Form**

Due to the ongoing and rapidly changing situation with the novel-coronavirus

(COVID-19), we are requiring all customers to Barber shop / beauty shop

to fill-out the self-declaration form below.

First Name:…………………..

ID Number:………….

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| 1. Do you have any of the following symptoms: | |
| Fever (38° or higher) | ⬜ Yes ⬜ No |
| Cough | ⬜ Yes ⬜ No |
| Breathlessness | ⬜ Yes ⬜ No |
| Sore throat | ⬜ Yes ⬜ No |
| Others: Please specify |  |
| 2. Do you have a contact with positive cases or with individuals with respiratory symptoms, i.e. (coughing or shortness of breath) | ⬜ Yes ⬜ No |