**Coronavirus Self-Declaration Form**

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

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

to fill-out the self-declaration form below.

|  |
| --- |
| 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 |

First Name:……………………..

Badge number:……………….

Signature: ……………………..