COVID-19 QUESTIONNAIRE

Our Salon is back open and we're delighted to welcome you back, our loyal customers. Like everyone else, the Covid-19 pandemic and the lockdowns have taken a significant toll on our business. Although our Salon is still open, but we are still feeling the financial impact of Covid-19.

We have submitted a claim under our insurance for business interruption but our insurers won't pay. It will help us enormously – it could be essential – if we can prove that some of our customers who were in the Salon had actual or likely Covid-19 in March last year, or symptoms consistent with this. We would therefore be grateful if you could please complete the following:

Information	**Response**
Name:	
Address:	
Contact details (phone & email):	
Date of birth:	
Occupation:	

Question	**Response**	
1. Have you had Covid-19, or symptoms consistent with Covid-19 (even if not confirmed by a test)? (this is also useful to know so we can follow health and safety regulations, plus we want to know that you're ok!)	YES	NO
2. If not, have you been exposed to anyone with Covid-19 or symptoms consistent with Covid-19?	YES	NO
3. If you answered yes to either of these, did you have symptoms of Covid-19 or exposure to someone with Covid-19 before the end of March 2020?	YES	NO
4. If you answered yes to Q3, did you attend our Salon around the same time?	YES	NO
5. If you answered yes to Q4 please confirm when you attended our salon (approximately)		
6. If you answered "no" to Q3, but have subsequently been exposed to / had		

symptoms of Covid-19, please confirm the date of your symptoms / exposure.	
7. If you have answered question 6, did you visit our Salon around the same time, and if so approximately when?	
8. If you had symptoms at any stage but not a covid-19 test, please confirm what those symptoms were (for example, "flu-like" symptoms, high temperature, new & continuous cough, loss or change to sense of smell or taste, fatigue, muscle or body aches, headache, diarrhoea).	
9. If you did not have symptoms but have been exposed to Covid-19, please provide details of the exposure and the dates of this. Was it at work? Did a member of family have symptoms?	
10. Have you had a positive test either confirming you had Covid-19 and / or returned an antibody test. If yes, please confirm the date of the test(s).	
11. Have you received contact / notification that you may have been in contact with someone who tested positive for Covid-19? For example, you may have been notified by NHS "track and trace".	
12. Are you happy for us or our solicitors to contact you and discuss this information further if required?	
13. If there is any other information that you think may be relevant or helpful, please enter it here.	

I believe that my answers to this questionnaire are true to the best of my knowledge and belief.

Signature: ……..

Date: ……..