To prevent the spread of novel coronavirus (COVID-19) in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

|  |  |
| --- | --- |
| Visitor’s Name: | Personal Contact Number (mobile/home): |
| Visitor’s Company/Organization (if applicable): | Name of NGFC Host: |

\* Information captured is for contact tracing if required.

|  |
| --- |
| **Self-Declaration by Visitor** |
| 1 | Do you have any of the following symptoms? [ ]  Yes [ ]  NoIf yes, check the relevant box(es):

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Fever | [ ]  Dry cough | [ ]  Body aches | [ ]  Headache |
| [ ] Sore throat | [ ]  Runny nose | [ ]  Tiredness | [ ]  Shortness of breath |
| [ ]  Others |

 |
| 2 | Have you travelled outside of Canada within the last 14 days?   [ ]  Yes [ ]  No |
| 3 | Have you knowingly had close contact with anyone who has traveled outside of Canada within the last 14 days? [ ]  Yes [ ]  No |
| 4 | Have you knowingly had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?   [ ]  Yes [ ]  No |

Signature (visitor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_