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  No  If 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_