



COVID 19 QUESTIONNAIRE

As we work together to protect everyone’s best interest, safety and health, we are asking you to please read and sign where indicated.

As of this date, I am not experiencing any of the CDC stated symptoms of the COVID19 Virus:

- Fever
- Cough
- Shortness of Breath

I am also certifying that I have not been outside of Canada within the previous Twenty-One Days

Please initial

OR

I have been out of the Country within the previous Twenty-One Days, but I have complied fully with the 14 Day Self Quarantine Order.

Please Initial

I am providing this information for contact if members of the Health Care Industry need to connect with me only.

DATE	
PROPERTY VISITED	
NAME	
CONTACT EMAIL	
CONTACT PHONE #	
SIGNATURE	

Your Privacy Matters to us; we will only share this information with members of the Canadian Health Care industry if necessary.