

**Guest Check-In Questionnaire**

Our team is devoted to the safety and well-being of our employees and guests. We therefore ask you to please complete the following questionnaire prior to your service to help us to try to attain the safest possible environment for all those concerned.

If you answer YES to any of these questions, PLEASE do not proceed with your service  
Please circle each answer as it pertains to your health today with the utmost honesty:

1. Are you experiencing any of the following symptoms?
  - a. Severe difficulty breathing (deeply struggling for breath, can only speak in single words)
  - b. Severe chest pain
  - c. Difficult time waking up
  - d. Feeling confusion
  - e. Loss of consciousness

**IF YOU ANSWERED CIRCLED ANY OF THE ABOVE, IMMEDIATELY CALL 911 OR GO DIRECTLY TO THE NEAREST EMERGENCY DEPARTMENT.**

2. Are you experiencing any of the following symptoms?
  - a. Difficulty breathing (struggling for breath, cannot hold breath for 10 seconds)
  - b. A fever
  - c. New cough
3. Are you experiencing any of the following symptoms that are not directly related to a known cause, i.e. arthritis, allergies, or recent injury?
  - a. Muscle aches
  - b. Fatigue
  - c. Headache
  - d. Sore throat
  - e. Runny nose

4. Have you travelled outside of Canada in the last 14 days?      **YES**      **NO**

5. In the last 30 days, have you been in contact with someone who is sick with respiratory symptoms (fever, cough, difficulty breathing) and who has recently travelled outside of Canada?      **YES**      **NO**

6. In the last 30 days, have you been in contact with someone who has been diagnosed with COVID-19?      **YES**      **NO**

We request that you please follow our infection control protocols during your visit with us. This will require hand hygiene, masks, etc.

Thank you for helping us during this difficult time.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_