



## COVID-19 VISITOR QUESTIONNAIRE

As the COVID-19 restrictions begin to ease off, we are slowly opening our doors to serve you. To reduce the impact of COVID-19 outbreak conditions on among our employees and clients, we are conducting a simple screening questionnaire.

We sincerely thank you for your continued support during these difficult times – and staying connected while we were apart.

### Contact Details

Visitor`s Name <i>(please print)</i>	
Visitor`s Company/Organization	
Personal/Work Phone Number	
Date	
Signature	

### 1. Have you been required to self-isolate for any reason?

Yes  No

### 2. Have you travelled outside of British Columbia in the last 2 weeks?

Yes  No

### 3. Have you been in contact with anyone who has returned from travelling outside of British Columbia in the last 2 weeks?

Yes  No

### 4. Have you been in contact with anyone who is now in quarantine or self-quarantine?

Yes  No

### 5. Have you been in recent contact with anyone who is now feeling ill?

Yes  No

### 6. Have you experienced any cold or flu like symptom in the last 14 days? *(fever, cough, sore throat etc.)*

Yes  No

