Questionnaire to be completed by all visitors

OakWood wishes to take preventative measure to ensure the health and safety of all our staff and visitors.

Please complete this short questionnaire upon entering our Facility. Thank you!

PLEASE PRINT:

First and Last Name: _____

Email: _____

Cell Phone: _____

Employer: _____
(please put VISITOR if you are not here representing your employer)

1. Have you travelled outside of Canada in the past 14 days? **YES ___ NO ___**

2. Do you have the following symptoms: fever, coughing, difficulty breathing ? **YES ___ NO ___**

3. Have you been exposed to anyone with a confirmed or probable case of COVID? **YES ___ NO ___**

4. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? **YES ___ NO ___**

DECLARATION:

I hereby confirm that the information provided herein is accurate, correct and complete and that the responses submitted within this form are genuine.

I undertake to inform OakWood in writing of any changes to the information already provided.

Signature: _____

Date: _____