



COVID-19

Please complete the following questions before entering the building.

Name: _____

Date: _____ Time: _____

Phone Number: _____

Email Address: _____

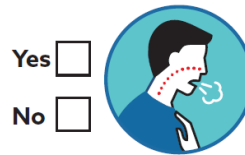
Do you have any of the following:



Fever



Cough



Difficulty breathing



Sore throat,
trouble swallowing



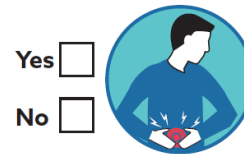
Runny nose



Loss of taste or
smell



Not feeling well



Nausea, vomiting,
diarrhea

Have you travelled outside Canada in the past 14 days?

- Yes
 No

Did you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill and you did not have appropriate PPE?

- Yes
 No

If you answered YES to any of these questions, return home & self isolate right away. Call Telehealth or your healthcare provider, to find out if you need a test.

By signing your name, you agree to C & V Income Tax Services sharing these details with Middlesex London Health Unit.