**Visitors and Contractors Questionnaire**

The safety of our Employees and Customers is our top priority. To prevent the spread of COVID-19 and reduce the risk of exposure to everyone, we are asking you to complete this simple questionnaire. Thank you for your understanding.

What is the purpose of your visit to Eventscape? Please check one:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Visitor |  | Contractor |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Company |  |
| Phone No. |  | Name of Eventscape Manager/Host | |
| Location |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SELF-DECLARATION | | Y | N |
| 1 | Have you been outside of the Canada within the last 14 days? |  |  |
| 2 | Have you been in close contact with anyone who has been outside Canada within the last 14 days? |  |  |
| 3 | Have you had close contact with or cared for anyone diagnosed with COVID-19 within the last 14 days? |  |  |
| 4 | Have you experienced any of the following symptoms within the last 14 days: fever, cough, sore throat, difficulty breathing? |  |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| The information obtained from this form will be used to determine the risk factors presented by guests to our facilities. We may be required to limit or deny access to individuals as necessary. |