VISITOR SIGN-IN SHEET			
ABL Branch:	Month:		

This information will not be shared, sold, or distributed in any way by ABL Employment, except in the event that Public Health authorities require it for contact tracing due to possible COVID-19 exposure.

BY SIGNING IN, YOU CONFIRM THAT YOU DO NOT HAVE ANY OF THE FOLLOWING COVID-19 SYMPTOMS:

Fever or chills ♦ Difficulty breathing or shortness of breath ♦ Cough ♦ Sore throat, trouble swallowing ♦ Runny nose/stuffy nose or nasal congestion ♦ Decrease or loss of smell or taste ♦ Nausea, vomiting, diarrhea, abdominal pain ♦ Not feeling well, extreme tiredness, sore muscles ♦

- ♦ You have not travelled outside of Canada in the last 14 days ♦
- ♦ You have not been in close contact with a confirmed or probably case of COVID-19 ♦

IF you answer YES to any of the above, DO NOT ENTER and go home to self-isolate immediately and contact your healthcare provider or Telehealth Ontario (1 866-797-0000)

Date	Name	Phone

Date	Name	Phone
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