|  |
| --- |
| 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 NEW OR WORSENING SYMPTOMS OR SIGNS. SYMPTOMS SHOULD NOT BE CHRONIC OR RELATED TO OTHER KNOWN CAUSES OR CONDITIONS:**  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 probable 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 |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |