

## Safe Visit Questionnaire For Each Client

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**1.** Do you have a fever?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Follow up with the next question.*

**2.** Do you have a cough?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Follow up with the next question.*

**3.** Are you currently experiencing difficulty breathing?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Follow up with the next question.*

**4.** Are you currently experiencing severe chest pain?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Follow up with the next question.*

**5.** Have you recently lost a sense of taste or smell?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Follow up with the next question.*

**6.** Anyone from your household would answer yes to at least two of the questions above?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Follow up with the next question.*

**7.** Have you been exposed to anyone with COVID-19 symptoms last 14 days?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Follow up with the next question.*

**8.** Have you been travelling outside of Canada in the last 14 days?

- a) Yes - *Sorry! We can't service you today!*
- b) No - *Safe to deliver the service.*