

Safe Visit Questionnaire For Each Client

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.*