

## Collection of Information for food premises, including bars, restaurants, banquet halls, wineries, or breweries, including ones where only beverages are served

Name Of Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Time Of Arrival: \_\_\_\_\_

Table Number Or Location: \_\_\_\_\_ Departure: \_\_\_\_\_

**COVID-19 Signs and Symptoms:** Fever / chills, new cough or a cough that is getting worse, loss of (or change in) taste or smell, shortness of breath (while sitting or walking at a regular pace), sore throat, runny nose / nasal congestion, unusual level of fatigue, unusual headache, nausea / vomiting, diarrhea, loss of appetite, feeling unwell for an unknown reason.

### PATRON INFORMATION

Name of patron	One form of contact information • Phone number • Email address • Physical address	Does the patron have symptoms (see list above)? <i>If a patron answers <b>YES</b>, they must leave the premise immediately.</i>	Patron is sitting with household members only*? <i>If <b>NO</b>, the patron must sit at a separate table, order take-out or leave the premise.</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*and/or a maximum of two persons who are essential to maintaining physical and mental health (e.g. caregivers, social supports to someone who lives alone)

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