

## Visitor Health Questionnaire

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Reason for Visit:

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Traveled Outside Canada in Last 30 Days:

YES or NO (please circle)

If yes, destination: \_\_\_\_\_

### Health Status

Can you confirm you are presently not experiencing any flu like symptoms and that you do not see your current health as being a threat to anyone in our office?

YES or NO (please circle)

1 877-791-6335

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