



## Collection of Information for Food Premises (complete at table)

Date: \_\_\_\_\_

**NOTE:** This template may be used or adapted to collect information at your establishment. Please remember, patron information should **not** be seen by other patrons on the premise, only staff members. Please retain and securely store for 30 days. For more information on dining requirement visit [Reopening Ontario](https://www.reopeningontario.ca) website

**COVID-19 Signs and Symptoms:** severe difficulty breathing, severe chest pain, feeling confused or unsure of where you are, losing consciousness, fever and/or chills, cough or barking cough (croup), shortness of breath, sore throat, difficulty swallowing, runny or stuffy/congested nose, decrease or loss of taste or smell, pink eye, headache, digestive issues like nausea/vomiting, diarrhea, stomach pain, muscle aches, extreme tiredness, falling down often (for older people), sluggish or lack of appetite (for young children and infants).

Patron Information					
First and Last Name	Telephone # <b>OR</b> Alternate Contact ( <i>physical address or email</i> )	Time of Arrival	Table Number <b>OR</b> Specific Location of Table	Verbal attestation that the patron is NOT experiencing COVID-19 symptoms ( <i>excluding those related to a chronic or other</i> )	Time of Departure
				<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	

Revised June 29, 2021