



COVID-19 SCREENING

1. Do you have any of the following symptoms: cough, fever, difficulty breathing, runny nose, and/or sore throat?

Yes No

2. Have you or anyone that you have been in direct contact with traveled outside of Canada or through an airport in the last 14 days?

Yes No

3. Have you or anyone that you have been in direct contact with tested positive for COVID-19 or are a probable case of COVID-19 within the last 14 days?

Yes No

If you answer "yes" to any of the above questions, you will not be permitted in the dealership and the service process will be suspended until the COVID-19 Screening responses are all "no." Please contact Health Link at 811.

We realize these are dramatic steps, but they are necessary to protect the employees on site and allow us to continue to operate as close to normally as possible. Thank you for your understanding.

I understand the questionnaire above and have answered the questions truthfully at this time.

NAME (PRINT): _____

SIGNATURE: _____

DATE: _____