



# COVID-19

Please complete the following questions before we can dispatch a technician at your location.

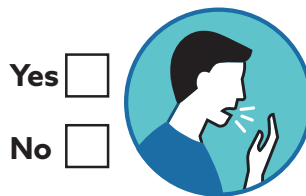
Company Name: \_\_\_\_\_

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

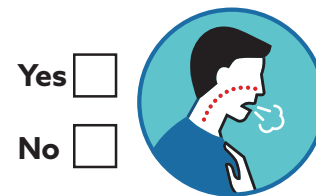
## Does any one have the following Symptoms at your Location:



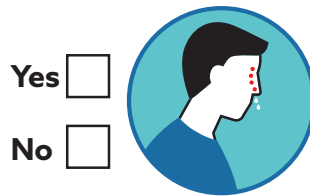
Fever



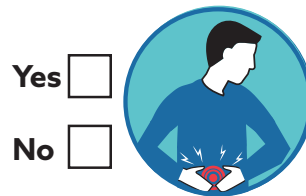
Cough



Difficulty breathing



Runny nose



Nausea, vomiting,  
diarrhea

Yes  Have you been in close contact with someone who has confirmed COVID-19 in the past 14 days without wearing appropriate PPE?  
No

Yes  Have you returned from travel outside Canada in the past 14 days?  
No

Please fill out the form and send it to [healthdesk@querytel.com](mailto:healthdesk@querytel.com).