



COVID-19

Please answer the questions below before being allowed to enter our facility

Name: Telephone number: Personal e-mail address:


Name of your organization: Session time: Date entering the facility: Date form completed:

*Providing your contact information will help with contact tracing if it's necessary.

I agree to contact Leaside Memorial Community Gardens if I become unwell or test positive for COVID-19.


Do you have any of the following:

Yes
No



Fever

Yes
No



Cough

Yes
No



Difficulty breathing

Yes
No



Sore throat, trouble swallowing

Yes
No




Runny nose

Yes
No




Loss of taste or smell

Yes
No



Not feeling well

Yes
No



Nausea, vomiting, diarrhea

Yes No To the best of your knowledge, have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

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

If you answered NO to all of the questions above, you have passed and may enter our facility.

If you answered YES to any of these questions, you have not passed and cannot enter our facility. You are advised to go home & self-isolate right away. Call Telehealth 416.388.7600 or your health care provider, to find out if you need a test.

***COLLECTION NOTICE:** The personal information on this form is collected under the authority of the City of Toronto Act, 2006 and the Municipal Freedom of Information and Protection of Privacy Act. The information is used specifically for contact tracing purposes only related to the spread of the virus that causes COVID-19 and for no other purpose. The information will be kept in a secure location and shredded after 30 days.

Questions about this collection can be directed to: Leaside Memorial Community Gardens, 1073 Millwood Rd., Toronto, ON, M4G 1X6, Telephone: (416) 421-4944. Leaside Memorial Community Gardens is an agency of the City of Toronto.