

Collection of Information for Food Premises

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 as directed under the Letter of Instruction for food premises from Peterborough Public Health.

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).

Patron Information

First and Last Name	Telephone # OR Alternate Contact (<i>physical address or email</i>)	Time of Arrival	Table Number OR Specific Location of Table	Verbal attestation that the patron is NOT experiencing COVID-19 symptoms (<i>excluding those related to a chronic or other condition</i>)	Verbal attestation that the patron is sitting with household members only*?	Time of Departure
				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 <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 <input type="checkbox"/>	

First and Last Name	Telephone # OR Alternate Contact (<i>physical address or email</i>)	Time of Arrival	Table Number OR Specific Location of Table	Attest that the patron is NOT experiencing COVID-19 symptoms (<i>excluding those related to a chronic or other condition</i>)	Attest that the patron is sitting with household members only*?	Time of Departure
				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"/>	
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				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"/>	

*Refer to poster