

Tell us a little about yourself:

Name: _____

Phone number: _(_____)_____

e-mail address: _____

Number of people visiting Improve Canada including yourself: _____

Primary interests/ Reasons for visiting:

Interest (Please put a check mark on either "Yes" or "No")		
	Yes	No
Amplifiers		
Audio Streaming Devices		
Headphones		
Records		
"Smart" Home technology		
Speakers		
Turntables		
General Curiosity		

AGE Group:

	YOURSELF:	Other visitors with you (please specify):
21 & under		
21-35		
36-45		
46-55		
56 and over		

In the last 14 days, have you been in close physical contact with someone who either:

• is currently sick with a new cough, fever, difficulty breathing, or other symptoms associated with COVID-19? (YES/NO) _____

or

• returned from outside of Canada in the last 2 weeks? (YES/NO) _____

Close physical contact means any of the following:

being less than 2 metres away in the same room, workspace, or area

living in the same home

being in the same classroom

Have you travelled outside of Canada in the last 14 days?

(YES/NO) _____

Do you have any of the following:

	YES	NO
Severe difficulty breathing (struggling for each breath, can only speak in single words)		
Severe chest pain (constant tightness or crushing sensation)		
Feeling confused or unsure of where you are		
Losing consciousness		

for more information, please visit: <https://covid-19.ontario.ca/self-assessment/>