



CHAPMAN LAND SURVEYING LTD.

British Columbia Land Surveyors,

“Since 1906”

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COVID19 QUESTIONNAIRE

CLIENTS ENTERING CHAPMAN LAND SURVEYING LTD. WILL BE BY APPOINTMENT ONLY.

- THIS FORM HAS TO BE COMPLETED EACH AND EVERY TIME YOU ENTER OUR OFFICE.
- PLEASE WEAR A MASK AND KEEP IT ON AT ALL TIMES DURING YOUR APPOINTMENT WITHIN OUR OFFICE.

You must answer “NO” to all the questions in this questionnaire in order to enter our office. If you answer “YES” to any of the questions, please **DO NOT** enter office. Please call to rearrange an appointment when you are symptom free. If you experience any symptoms or answer “YES” to any of these questions, you should immediately contact your health care professional, or call 811, or go to North Shore Urgent Care Centre [located on Esplanade in North Vancouver] for recommended next steps. **KINDLY** notify us as well.

Your contacts are: Bill Chapman bill@chapmansurvey.com and/or Sandy Chapman sandy@chapmansurvey.com

1) Have you had any of the following symptoms in the last 24 hours?

2) In the last 14 days have you:

	Yes	No		Yes	No
Cough	<input type="radio"/>	<input type="radio"/>	Recently been in contact with someone who was diagnosed with COVID-19?	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>	Recently been in close contact with someone who has COVID-19 symptoms?	<input type="radio"/>	<input type="radio"/>
Fever (usually 100.4F (38C) or higher)	<input type="radio"/>	<input type="radio"/>	Traveled internationally or taken a cruise	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>			
Headache	<input type="radio"/>	<input type="radio"/>			
Sore throat	<input type="radio"/>	<input type="radio"/>			
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>			

- If you answered “Yes” to any part of question 1), please **DO NOT** enter our office. You should:
 - Call your local health care provider, or 811, or go to North Shore Urgent Care Centre [located on Esplanade in North Vancouver] and follow their advice.
 - Please call to rearrange an appointment when you are cleared and symptom free.
- If you answered “Yes” to any part of question 2), please **DO NOT** enter our office. We believe the requirement is that you should self quarantine for at least 14 days from contact however call your local health care provider, or 811, and follow their advice. Please call to rearrange an appointment if necessary [after the required quarantine period if required], or if you are symptom free on the advice of your health provider. I confirm to the best of my knowledge; this information is accurate.

Signature _____ Date

First Name

Last Name

Phone

Email

THIS INFORMATION IS CONFIDENTIAL TO OUR CLIENTS. IT IS USED SOLELY FOR INTERNAL TRACKING IN THE EVENT OUR CLIENT OR SOMEONE FROM OUR OFFICE CONTRACTS COVID19