

14 East St., Aylmer, ON. N5H 1W2



(519) 773-9723



aylmermuseum.ca

avlmermuseum@amtelecom.net



Visitor Health Screening Questionnaire

The health and safety of the Aylmer-Malahide Museum & Archives (AMMA) staff, volunteers, and visitors remains our top priority during the COVID-19 pandemic. We are closely monitoring COVID-19 developments and will continue to update our policies based on current recommendations from the Canadian Government and the World Health Organization. As per Stage 2 of reopening in Ontario, establishments including Museums have been encouraged to record visitor information for the purpose of contact tracing. Your participation is mandatory to help us take precautionary measures to protect you and everyone in our building. This form will be destroyed 30 days after your visit. Thank you for your time.

Please fill in this form legibly. Only one form per household required. This form must be filled on the day of your scheduled appointment and submitted to the Museum before your scheduled appointment or upon entry to the Museum.

Name of visitor(s):			Number of visitors:
Visitor company/organ	nization (if applicable):		
	☐ To view exhibit(s)		
	☐ Business/professional	□ Other:	
Phone number:	Em	ail address:	
If the visitor answers "		uestions, access t	o the museum will be denied.
☐ YES ☐ NO	ver (over 38.0°C), a cough, sho		, .
19? ☐ YES ☐ NO	s, riave you come into contact	. With Someone wi	io tested positive for COVID-
The undersigned has visitors must wear a m	•	on in good faith ai	nd understands that museum
Signature of visitor(s) Date			
	For AMMA	use only:	
Building access grante Date and time of visit:	ed: 🗆 YES 🗆 NO		
AMMA authorization (initial):		