

## Canada COVID-19 Screening Questionnaire

In an effort to protect the health of all persons entering this site, you are required to complete the following screening questionnaire prior to entering our facility. The purpose of this questionnaire is to assess the potential risk considering the recent concerns with the COVID-19 coronavirus. Admittance to the site may be refused based on your responses. All information will be kept confidential and handled within applicable privacy laws. Anyone refusing to complete the questionnaire will not be admitted. Thank you for your cooperation. Have you or anyone in your household travelled Yes □ No □ out of the country in the last month? Have you or anyone in your household been in Yes □ No □ close contact with someone who has a confirmed or probable case of COVID-19? Have you or anyone in your household had close Yes □ No □ contact with a person with acute respiratory illness, cold or flu symptoms in the last 14 days? If you answered yes, please indicate which symptoms you or that person exhibit as well as what areas you or that person have travelled from: Have you had any of the following symptoms in Yes □ No □ the last 14 days? - Fever, Cough, Shortness of breath, Difficulty Breathing Have you been advised to place yourself under Yes □ No □ quarantine? COMPANY CONTACT/SPONSOR: if any of the above are "yes" answers please contact your Customer Service Manager for further instructions. Do NOT allow any individual to enter the Facility/Job-Site until consultation is completed. Name (Please Print): Company Contact/Sponsor:\_\_\_\_\_ Signature:\_\_\_\_ \*Screening Questionnaire applies to any visitors, contractors or suppliers.