



COVID-19 Health Screening Questions

Please read the staff acknowledgement below, and indicate you understand the implications of the novel coronavirus on the safety of our team's vulnerable loved ones, our customers and the general public.

1. What is the date of your next shift? (Questionnaires must be completed within 24 hours of a shift)

__/__/__

2. I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. For this reason, it is recommended to stay home and avoid close contact with other people when at all possible.

I confirm

3. I understand the federal and provincial governments have asked individuals to maintain social distancing of a least 2 meters (6 feet) and I recognize it is not possible to maintain this distance while working at some job sites.

I confirm

4. I understand that due to the visits of other workers and customers, the characteristics of the novel coronavirus, and the characteristics of the worksite, that I have an elevated risk of contracting AND SPREADING the novel coronavirus simply by working at the job site.

I confirm

5. I confirm that I do NOT have any of the following symptoms of COVID-19: fever, new or worsening cough, sore throat, runny nose or headache.

I confirm



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6. I confirm that I am not waiting for the results of a test for COVID-19.

I confirm

7. I confirm that this is not currently a period where I am required to self-isolate for 14 days.

I confirm

8. I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly work during the COVID-19 pandemic.

I confirm

9. Do you have any of the following symptoms: fever/feverish, new or existing cough?

Yes

No

10. Do you have: a headache or runny nose?

Yes

No

11. Do you have: fatigue or chills?

Yes

No

12. Have you experienced a loss of smell or taste?

Yes

No

13. Do you have difficulty swallowing?

Yes

No



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14. Do you have any digestive issues: stomach ache or diarrhea?

- Yes
- No

15. Have you traveled internationally within the last 14 days (outside Canada)?

- Yes
- No

16. Have you had close contact with a confirmed or probable COVID-19 case?

- Yes
- No

17. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

- Yes
- No

18. Is there any other information that you would like to disclose at this time?

To digitize this process, see the next page for instructions.