# **COVID-19 Screening Questionnaire**

Due to the increase of cases of COVID-19 that have been confirmed over the past few days, along with the World Health Organization recently declaring this situation as a global pandemic, we have decided to introduce a return to work screening questionnaire as follows:

1. Do you have CURRENT symptoms of fever, cough, or shortness of breath?

Yes No

1. Have you traveled outside of Canada or on a flight with a known COVID positive person in the past 14 days?

Yes No

1. Have you had close contact with a person who has a confirmed or probable case of coronavirus in the past 14 days?

Yes No

1. Have you had close contact with a person who has recently traveled internationally AND has been sick or ill in the past 14 days?

Yes No

If you answer YES to any of these questions then you will be not be allowed on site until 14 days have passed without symptoms.

We realize these are dramatic steps, but they are necessary to protect personnel on site to continue to operate as close to normally as possible. Thank you for your understanding.

**I understand the questionnaire above and have answered the questions truthfully at this time.**

**Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**