



### COVID-19 SCREENING QUESTIONNAIRE

The safety of our employees, clients and families are *company's* top priority. As the latest virus, COVID-19, otherwise known as the Coronavirus outbreak, continues to threaten populations and spread globally (**Company Name**) is continuously monitoring and will take every reasonable precaution to protect our employees and their families.

To help prevent the spread of COVID-19, we are conducting a simple screening questionnaire prior to allowing site access. Your participation is critical to help us take precautionary measures to protect you and those in your workplace. Thank you for your time.

Worker's name:	Phone:
Local Union:	

SELF-DECLARATION BY WORKER		
1	Have you visited any location of a COVID-19 outbreak in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with, or cared for someone diagnosed with COVID-19 within the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close proximity/contact with anyone who has traveled to an area/ facility of COVID outbreak in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms (fever, coughing, difficulty breathing, etc.) in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Are you experiencing 2 or more of the following symptoms? <ul style="list-style-type: none"> <li>• muscle aches</li> <li>• fatigue</li> <li>• headache</li> <li>• sore throat</li> <li>• runny nose</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes is answered to any above questions do not allow the worker access to the site and advise them to take the actions as outlined below.

<p>We recommend you seek medical advice to protect yourself and the public.</p> <ul style="list-style-type: none"> <li>• Complete the online <a href="#">government self-assessment</a>,</li> <li>• Contact your primary care provider for further instruction</li> <li>• Contact Telehealth Ontario: 1-866-797-0000.</li> </ul>
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