

COVID-19 SELF SCREENING QUESTIONNAIRE

Site Name: _____

Employee/Visitor Name: _____

Employee/Visitor Surname: _____

Job Title: _____ Emp #: _____

The health & safety of our employees and visitors remain our overriding priority.

ALL PERSONS ENTERING MUST:

- Sanitize their hands before entering;
- Wear a face mask at all times;
- Complete the self-screening questionnaire and submit themselves to temperature screening.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building.

If the answer is **“yes”** to any of the questions, please notify the representative as access to the site will be denied.

SELF DECLARATION	Y	N
1. Have any of your immediate family or persons sharing the same residence as you, been diagnosed with COVID-19?		
2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
3. Have you had close contact with anyone who has travelled within the last 14 days to one of the high-risk COVID-19 provinces?		
4. Have you travelled abroad in the past 6 months?		
5. Are you experiencing any of the following symptoms?		
• Fever?		
• Cough?		
• Sore Throat?		
• Shortness of Breath?		
• Difficulty Breathing?		
• Redness of Eyes?		

Visitors Signature

Date

Site Representatives Signature

Date