

STOP

COVID-19 HEALTH SCREENING TOOL FOR WORKERS, VISITORS & SUB-CONTRACTORS

Please answer the following questionnaire prior to accessing the site:

1. Are you experiencing any of the following:

- **Fever**
- **New onset or worsening of cough or other symptoms**
- **Sneezing/Running Nose**
- **Sore throat**
- **Difficulty breathing**
- **Severe Fatigue**
- **Vomiting**



2. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?

3. Did you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?

4. Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?

5. Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19.

If the answer is YES to ANY of the above questions:

- **DO NOT ENTER THE SITE.**
- **MAINTAIN 2 METER DISTANCE FROM ALL INDIVIDUALS**
- **NOTIFY YOUR SUPERVISOR OR NOTIFY COMPANY REPRESENTATIVE VIA PHONE CALL**
- **GO HOME**
- **FOLLOW GOVERNMENT MANDATORY SELF-ISOLATION**

Health Screening is voluntary; however, any person who refuses to answer screening questions will be denied access our work locations – without exception. Complying with our safety measures is in the interest of maintaining worker safety and those choosing not to comply will not be permitted to work.

CONTACT: _____