

COVID-19 Employee Questionnaire & Screening

The safety of our employees, supplier partners, customers, families and visitors is our overriding priority. As COVID-19 continues to evolve and spread, we are monitoring the situation and regularly update company practices based on government advice. **Daily screening before coming to work is the law currently in Ontario.**

Employee Name:	Personal Phone Number (mobile/home)
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Self-Declaration by Employee <i>Prior</i> to Coming To Work	
1.	Do any of these apply to you? (If Yes, Skip questions 6=8) <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> I am fully vaccinated against COVID-19? (it is 14 days or more since the final dose of either a two-dose or a one-dose vaccine series) I have tested positive for COVID-19 in the last 90 days (and have since been cleared by local health)
2	Do you have one or more of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Fever and/or chills - Temperature of 37.8C/100F or higher Cough or Barking cough (croup) - Not related to asthma, post-infectious reactive airways, COPD or other known causes of conditions you already have Shortness of breath – Not related to asthma or other known causes or conditions you already have Decrease or loss of smell or taste – Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have (For adults 18 years or older) – Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) Fatigue, lethargy, malaise and/or muscle aches/joint pain - If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select “No”. (For children < 18 years) Nausea, vomiting and/or diarrhea – Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have</p>
3.	In the past 14 days, have you travelled outside of Canada AND been advised to quarantine (as per federal quarantine requirements)? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Has a doctor, health care provider or public health unit told you that you should currently be isolating (staying at home)? (This can be because of an outbreak or contact tracing.) <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	In the last 10 days, have you tested positive on a rapid antigen test or a home based self-testing kit? (If you have since tested negative on a lab-based PCR test, select “No”) <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	In the past 10 days, have you been identified as a “close contact” of someone who currently has COVID-19? (If public health has advised you that you do not need to self-isolate, select “No.”) <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	In the past 10 days, have you received a COVID alert exposure notification on your cell phone? (If you have already gone for a test and got a negative result, select “No”). <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>(Children <18 years old): fever and/or chills, cough or barking cough; shortness of breath; decrease or loss of taste or smell; vomiting and/or diarrhea. Adults (18 years+): fever and/or chills; cough or barking cough; shortness of breath; decrease or loss of taste or smell; muscle aches. If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is only experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination select “No.”.</p>

If the answer is “yes” to any of the questions, do not come to work.

Signature (employee): _____ **Date:** _____ **Time:** _____