

To help us prevent the spread of COVID-19, we ask you to read this carefully and answer the questions below. Please act accordingly following the screening questions.

For questions about symptoms, please refer to the list of symptoms in the box below. If **'yes' is answered to any of questions 1-4, do not enter the site**, contact your manager (employees only) and the local public health authority.

1 Are you **experiencing any symptoms**?

Yes No

2 Has anyone in **your household** experienced any **symptoms** in the past 14 days?

(Note: if the symptomatic person in your household has received a negative COVID-19 test result, please answer 'no')

Yes No

3 In the past 14 days, have you been identified as a **close contact** of someone with **suspected** or **confirmed** COVID-19?

Yes No

4 Have you **travelled outside Canada** in the past 14 days or **been in contact** with anyone who has travelled outside Canada in the past 14 days?

Yes No

Examples of **symptoms** include the new onset of:

- A new or worsening **cough**
- **Shortness of breath** or **difficulty breathing**
- Temperature **equal to or over 38°C**
- Feeling **feverish**
- Chills
- **Fatigue** or **weakness**
- Muscle or body **aches**
- Headache
- New **loss of smell** or **taste**
- **Gastrointestinal** symptoms (abdominal pain, diarrhea, vomiting)
- Feeling very **unwell**

If **'yes' is answered to any of questions 1-4, do not enter the site.**

If no to all of the above:

5 Have you experienced any symptoms **since you were last at the site**?

Yes No

If Yes

You may enter the site

5a Has it been at least 10 days since your symptoms started?

Yes No

5b Have you been symptom free for at least 48 hours?

Yes No

You may enter the site

Do not enter the site, contact your manager (employees only) and the local public health authority.