

APENDIX A

COVID-19 Health Check Questionnaire

The following questions are designed to ensure our Site Supervisors and Trade Partners are able to make informed and collaborative decisions that maintain the highest possible level of health and wellbeing on our projects. All workers must complete of this form.

Name:	Project Name:
Employer:	Date:

Please complete the following questions honestly and accurately by selecting “YES” or “NO”.

QUESTIONS	Please Check	
	YES	NO
1. Have you travelled outside of Canada on or after March 12, 2020 or been in close contact with someone who has?		
2. Have you travelled to Italy, Iran, or the Hubei Province of China in February or March 2020 or been in close contact with someone who has?		
3. Are you experiencing the signs/symptoms of COVID-19? 4. i.e. shortness of breath, cough, sore throat, or fever?		
5. Have you been in contact with a person showing the symptoms of COVID-19 within the past 14 days?		
6. Have you been in contact with a person who has tested positive for COVID-19 within the past 14 days?		

If you answer “YES” to any of the questions above, you may be asked to leave the worksite and liaise with your Employer on next steps.

Your Employer will advise you on what must happen next and may include return to work or the recommendation to self-isolate and take the online COVID-19 self- assessment tool.

Workers who are determined not to present a risk of COVID-19 transmission to others on site will be allowed to return to work as per the relevant Policy.

***NOTE: This Health Check Questionnaire is mandatory for all workers.**

Workers who refuse to complete this Health Check Questionnaire as defined by the Site-Specific Pandemic Preparedness Plan will be denied access to the site.

I hereby acknowledge the above information to be true. Employee Signature:
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