

COVID-19 SITE QUESTIONNAIRE

To be completed by all person's upon arrival to all company work sites; one form per worker.

Name:

Date:

Company:

To assist us in protecting the health and safety of passengers and crew, we require you to answer the following questions:

1. Have you traveled outside the country (Canada) in the last 14 days?

YES NO

2. Have you had close contact with, or helped care for anyone suspected or diagnoses as having Novel Coronavirus (COVID-19), or who is currently subject to health monitoring for possible exposure to Novel Coronavirus (COVID-19)?

YES NO

3. Do you have a fever (*100.4 F°/38 C° or higher*), feel feverish, have chills, a cough, or difficulty breathing?

YES NO

If you answered **YES** to any of the questions above, please do not continue to site and contact your [supervisor who will follow the COVID-19 Illness Response Guideline](#) your company has established for you.

The information in this questionnaire may be reported to the relevant public health authorities. Penalties may apply to any individual who knowingly and willfully makes a false, fictitious or fraudulent statement or representation.

I certify that the above declaration is true and correct and understand that any dishonest answers may have serious public health implications.

Signature: _____

Date: