



COVID-19 – ASSESSMENT QUESTIONNAIRE

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone on this jobsite.

This process applies to all new workers, transferred workers and visitors to our projects. Those hiring / transferring workers or arranging for visitors to be present on the project are responsible for administering this questionnaire.

- Use this questionnaire as screening questions prior to the worker / visitor being present at the office or project.
- When employee / visitor are present on project ensure this form is completed completely prior to allowing them to conduct any further activities on the project.

PART I - GENERAL	
Jobsite:	Name of Supervisor / Site Contact:
Visitor / Worker's Name:	Visitor / Worker's Phone Number:
Visitor / Worker's Company:	

PART II - QUESTIONNAIRE	
1	<p>In the last 14 days, have you experienced any of the following symptoms: fever or chills, difficulty breathing, cough, sore throat or trouble swallowing, decrease or loss of smell/taste, nausea, vomiting, diarrhea, stomach pain, extreme tiredness, or sore muscles?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "YES" which symptoms are you experiencing?</p> <p><input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat or trouble swallowing <input type="checkbox"/> Difficulty Breathing</p> <p><input type="checkbox"/> Decrease or loss of smell or taste <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach Pain</p> <p><input type="checkbox"/> Diarrhea <input type="checkbox"/> Extreme Tiredness <input type="checkbox"/> Sore Muscles</p>
2	<p>In the past 14 days, have you had close contact with anyone who has a probable / confirmed case of COVID-19?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
3	<p>In the past 14 days, have you travelled outside of Canada or had close contact with someone who has travelled outside of Canada?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

NOTE: Please fill out all questions above. If "YES" is answered to any one of these questions access to the project is not permitted at this time. Contact covidinfo@plan-group.com or 1-855-255-3603 for further assistance.

Visitor / Worker's Signature: _____ Date: _____