

Maple Reinders' COVID-19 Screening Questions

MRCL would like to ensure that the Health and Safety of all our workers and visitors during the COVID-19 pandemic remains our primary priority. Please complete the following questionnaire.

For the purposes of this questionnaire, **direct contact** means:

- a) Greater than 15 minutes face-to-face contact in any setting with a presumptive or confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case
- b) Sharing of a closed space with a presumptive or confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

1. Have you flown or travelled out of the country in the past 14 days?
 Yes No
2. Have you been in direct contact with someone that travelled internationally in the past 14 days?
 Yes No
3. Have you experienced dry cough, difficulty breathing, sore throat and fever in the past 14 days?
 Yes No
4. Have you been in direct contact with someone exhibiting the above-mentioned symptoms?
 Yes No
5. Have you been in direct contact with someone who has been directed by governing/medical authorities to self-isolate or been diagnosed with having contracted COVID-19 in the past 14 days?
 Yes No

If you answer YES to ANY of the above questions, do NOT proceed on to site. Immediately contact your direct supervisor for further instructions.

The Maple Reinders' Pandemic Committee urges all age groups to take the appropriate steps to stop the spread of this dangerous disease. Governing authorities have provided factual evidence that COVID-19 affects all age groups and health levels.

If you feel you may be at a higher risk from contracting COVID-19, MRCL encourages you to practice prudent social distancing and consider whether your presence on site today is necessary. Please indicate that you understand this request.

Yes No

SITE: _____

COMPANY: _____

NAME: _____

DATE: _____