



### Maple Reinders' COVID-19 Screening Questions British Columbia Region

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 purpose of the 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 (eg. more than two hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

#### 1. ARE YOU EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS:

Severe difficulty breathing, severe chest pain, having a hard time waking up, feeling confused, losing consciousness	Y	N
Mild to moderate shortness of breath, inability to lie down because of difficulty breathing, chronic health conditions that you are having difficulty managing because of difficulty breathing	Y	N
Fever, cough, sneezing, sore throat	Y	N
2. Have you traveled to any countries outside Canada (including the United States) within the last 14 days?	Y	N
3. Did you provide care or have direct contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat)?	Y	N
4. Did you have direct contact with a person who traveled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?	Y	N
5. Are you in direct contact with someone who has been directed to self-isolate for 14 Days?	Y	N

**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.	Y	N
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SITE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_