



## 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, **CLOSE CONTACT** means:

Working with, socializing with or caring for an individual with a confirmed case of COVID-19 for a prolonged period of time (greater than 15 minutes) within 6 a foot distance without the use of approved personal protective equipment (fitted N-95 mask and face shield) OR is living with someone who has COVID-19 OR has come in direct contact with bodily fluids of an infected person (e.g. was coughed on, sneezed on or shared food and/or drink).

### 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
<b>2. Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?</b> Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell or taste, headache, muscle aches, fatigue or loss of appetite	Y	N
<b>3. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?</b>	Y	N
<b>4. Did you provide care or have CLOSE contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat)?</b>	Y	N
<b>5. Did you have CLOSE contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?</b>	Y	N
<b>6. Did you provide care or have CLOSE contact with a person with confirmed COVID-19? Note: This means you would have been contacted by your health authority's public health team.</b>	Y	N

**If you answered 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: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_