



## Maple Reinders' COVID-19 Screening Questions Ontario 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. Have you flown or traveled outside of Canada in the past 14 Days?	Y	N
2. Has someone you are in CLOSE contact with tested positive for COVID-19?	Y	N
<b>3. Are you experiencing:</b>		
Any of the following symptoms: severe difficulty breathing, severe chest pain, lost consciousness	Y	N
Any of the following symptoms: fever, new cough, shortness of breath (even when inactive)	Y	N
Two or more of the following symptoms: muscle ache, fatigue, headache, sore throat, runny nose, lost sense of taste or smell	Y	N
<b>4. Do ANY OF the following apply to you:</b>		
I have a condition that affects my immune system (for example, HIV/AIDS)	Y	N
I have a chronic health condition (for example, diabetes, heart condition)	Y	N
I am getting treatment that affects my immune system (for example, chemotherapy)	Y	N
5. Are you in CLOSE contact with someone who has been directed to self-isolate for 14 Days?	Y	N
6. Are you in CLOSE contact with a person who is sick with new respiratory symptoms or who recently traveled outside of Canada?	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: \_\_\_\_\_

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