



## HEALTH QUESTIONNAIRE - COVID 19

Date:

Name:

Employer:

Contact Phone #:

The purpose of this questionnaire is to ensure appropriate COVID-19 screening of all individuals requesting access to Leducor construction projects. These questions will help confirm that you are healthy and fit for work.

Because your health has the potential to affect the health of other people on this site, as well as their families and others, it is essential you answer these questions honestly.

In the event that someone on the site has been in close contact with someone probable or confirmed with COVID-19, your contact information is necessary so we can inform you that your health and safety may be at risk.

This questionnaire is based on the Public Health Authorities COVID-19 Self-Assessment Tool.

### 1. Are you experiencing any of the following?

- Severe difficulty breathing (i.e., struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

**No**       **Yes**

### 2. Are you experiencing any of the following:

- Shortness of breath at rest
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing

**No**       **Yes**

### 3. Are you experiencing a fever:

**No**       **Yes**



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4. Are you experiencing any abnormal or unusual conditions (not associated with allergies, smokers cough, other known respiratory complaints, etc.):
- Coughing
  - Sneezing
  - Sore throat
- No**       **Yes**
5. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?
- No**       **Yes**
6. 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)?
- No**       **Yes**
7. 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)?
- No**       **Yes**

If you have checked **Yes** to any of these questions, you are not permitted on this site and you should consider seeking medical attention.

If you have checked **No** but you notice a change in your health within the next 14 days, we ask you to contact your supervisor or us directly. We have a collective responsibility for the safety and health of each other.

**If you are in a high-risk group for COVID-19 (i.e., over age 65, pre-existing respiratory condition) please determine with your supervisor if working on this on this site is appropriate for you given current COVID transmission risks.**

We share a responsibility for keeping each other safe. Thank you for completing this questionnaire. If you have any questions, please speak with your supervisor or Leducor Representative.

Signature:

**Privacy:** As an employer, Leducor may have to collect, use, and disclose employee personal information in order to prevent or manage the risk of COVID-19's rapid spread. In doing this, we need to balance the individual's right to privacy with our obligation to maintain a safe workplace. The information collected in this questionnaire will be treated confidentially and only disclosed to others when required to meet our obligation to maintain a safe workplace