

Questionnaire to Evaluate for COVID-19.

If COVID-19 becomes severe, enquiries into an employee/customer's symptoms, even if disability related, are considered justified by Public Health Authorities as a "reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat." All information about employee/customer's illness will remain as a confidential medical record in compliance with the Company's Health and Safety Policy.

In the past 24 hours, have you experienced :

Fever:

Yes

No

Fatigue:

Yes

No

Cough:

Yes

No

Sneezing:

Yes

No

Aches and Pains:

Yes

No

Runny or Stuffy Nose:

Yes

No

Sore throat:

Yes

No

Cont'd

Diarrhea:

Yes

No

Headaches:

Yes

No

Shortness of breath:

Yes

No

Have you recently been in close contact with anyone who has exhibited any symptoms?

Yes No

Have you recently been in contact with anyone who has tested positive for COVID-19?

Yes No

Have you recently travelled abroad, Including: China, Italy, Iran, and most countries in Europe.

Yes No

Signed :

Name (PRINT) :

Date :