

COVID – 19: Sub Contractor Screening Questionnaire

All sub-contractors starting or returning to work on a D. Squared project must complete and submit this form by 4PM before their first day of work. You will not be allowed to work prior to receiving a response clearing you to return. You will receive an email response clearing you to return. You will need to show this response to your supervisor before entering site. We will use your e-mail to communicate, please check it regularly.

E-MAIL ADDRESS:	Name:	Phone:
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6. Have you travelled outside of Canada in the last 14 days?

YES

NO

7. Have you been exposed to a person who has a confirmed or probable case of COVID-19?

YES

NO

8. Are you always practicing Social Distancing as per Ottawa Public Health?

YES

NO

9. COVID – 19 Symptoms include: Fever, Cough, Difficulty Breathing, Sore Throat, Runny Nose. Are you experiencing any of these symptoms?

YES

NO

10. If “yes” above, which symptoms?

Fever

Sore Throat

Cough

Runny Nose

Difficulty Breathing

Other

I hereby confirm that the information provided herein is accurate, correct and complete. I have read and agree to “Emergency Response Plan

COVID – 19 D. Squared Construction procedures.

Entering your full name below constitutes a binding signature. All personal information will be held in strict confidence by D. Squared Management.

Name:

Date Signed:

Signature: