

COVID – 19: Joining the Workforce Questionnaire

All staff starting or returning to work 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 need to show this response to your supervisor before entering site. We will use your e-mail to communicate, please check it regularly. A copy of your responses will be emailed to the address that you provided

E-MAIL ADDRESS:	Name:	Phone:
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1. Have you travelled outside of Canada in the last 14 days?
 - YES
 - NO

2. Have you been exposed to a person who has a confirmed or probable case of COVID-19?
 - YES
 - NO

3. Are you always practicing Social Distancing as per Ottawa Public Health?
 - YES
 - NO

4. COVID – 19 Symptoms include: Fever, Cough, Difficulty Breathing, Sore Throat, Runny Nose. Are you experiencing any of these symptoms?
 - YES
 - NO

5. If “yes” above, which symptoms?

<input type="radio"/> Fever	<input type="radio"/> Sore Throat
<input type="radio"/> Cough	<input type="radio"/> Runny Nose
<input type="radio"/> Difficulty Breathing	<input type="radio"/> 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: