

COVID-19 Employee Health Screen

Employee Name (print): _____ Employee # _____

Dept: _____ Date Completed: _____

Note: Information collected on this declaration will be used to determine your access rights and is for the protection of all Polycorp employees. If this information changes, it is your responsibility to notify your supervisor or the Human Resources Dept.

Do you have any of the following symptoms: fever, new cough or difficulty breathing (shortness of breath), confusion and/or lost consciousness? YES NO

Do you have any 2 of the following symptoms: Muscle aches, fatigue, headache, sore throat, runny nose? YES NO

Are these symptoms new/unusual for you? YES NO N/A

Have you sought medical attention or have you been under medical investigation for these symptoms now or within the last 14 days? YES NO N/A

Have you travelled outside Canada within the last 14 days? YES NO

Have you had close contact with (example someone in your household) or cared for someone diagnosed with COVID-19 within the last 14 days? YES NO

Have you been in close contact with someone being tested for COVID-19 symptoms? YES NO

If you answered yes to any of the above questions please leave the facility and immediately contact Human Resources and your family doctor for further direction.

Signature: _____

Type name

This form may be executed and delivered by electronic means and upon such delivery the electronic signature will be deemed to have the same effect as the original signature had been delivered to the other party.

Please submit <mailto:covid19@polycorp.com>

POLYCORP LTD.

33 York Street, Elora, Ontario, Canada N0B 1S0 Toll Free: 1-800-265-2710 Tel: (519) 846-2075 Fax: (519) 846-2372