



Contractor COVID-19 Symptom Pre-Screening

To ensure the safety of all personnel on any Pollard Enterprises Ltd. job site, it is expected that you will comply with our request that a COVID-19 self-assessment be completed daily and given to the Project Foreman prior to stepping on the premises.

Please:

1. Follow link or copy and paste link to your browser address field, <https://ca.thrive.health/covid19/en> to complete COVID-19 self-assessment;
2. Print completed COVID-19 self-assessment; and
3. Fill in this form and attach completed COVID-19 self-assessment

I hereby certify that the information provided in the attached COVID-19 self assessment is true and accurate.

Name: _____
(Print)

Company: _____

Signature: _____

Date: _____
(DD/MM/YYYY)

NOTE: Upon entering or re-entering the premises you will be asked to sanitize your hands with either alcohol rub or soap and water before commencing work.