

Health Screening Questionnaire – Vessel Crew COVID-19

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce, we are conducting a simple screening questionnaire.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Date: \_\_\_\_\_

Skipper: \_\_\_\_\_ Time: \_\_\_\_\_

YES NO

1 Have you been outside Canada in the last 14 days? If yes, where did you visit?  
\_\_\_\_\_ When did you arrive back in Canada? \_\_\_\_\_

2 Have you been out of the province or been in contact with anyone who has travelled outside of the province within the last 14 days? If yes, which province did you (or the contact person) visit?  
\_\_\_\_\_

When did you (or they) arrive back in NB? \_\_\_\_\_

3 In the last month, have you suffered from any of the following symptoms? Fever over 38°C (100°F) Dry Cough Shortness of breath and/or difficulty breathing

4 Have you had contact with anyone, including family members, who have the above symptoms?

5 Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing?)

If you have answered YES to any of the above questions, access to the vessel may be denied. If at any time the answers to any of the above questions change, we ask that you notify your Skipper immediately, and your buyer.

Note: Each employee will have their temperature taken on a daily basis and should your temperature be above 37.5 degrees, you will not be allowed to board and/or return to the vessel and will be instructed to isolate and call 811 or visit the 811 website for medical assistance.

Temperature Recording: \_\_\_\_\_ Time: \_\_\_\_\_

I declare that the above information is true to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Skipper signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tracking Number : \_\_\_\_\_ Form \_\_\_\_\_