



# CONTRACTOR SCREENING QUESTIONNAIRE CORONAVIRUS (COVID-19)

As you are aware, the coronavirus (Covid-19) has become a serious global health risk that continues to expand globally and within Canada, now having several confirmed cases domestically. We would ask that contractors who have recently travelled outside Canada to a high risk region or recently returned from a cruise to please self-report so that a proactive approach can be taken.

\*\*\*PLEASE PRINT\*\*\*

<b>NAME:</b>	<b>COMPANY:</b>
<b>AVG MILL SPONSOR NAME:</b>	

<b>Are you presenting any of the symptoms below:</b>		
Fever?	YES <input type="checkbox"/> NO <input type="checkbox"/>	** If YES, start date of symptom: _____
Coughing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	** If YES, start date of symptom: _____
Difficulty Breathing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	** If YES, start date of symptom: _____
If YES Are Symptom(s) still present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	** If NO, end date of symptom(s): _____

**IF ANSWERED "YES" ABOVE: MANDATORY 14 DAY SELF-QUARANTINE**

INITIALS:

Have you been travelling to any High Risk Area(s) in the last 14 days?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you travelled outside of Canada in the last 14 days?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**IF ANSWERED "YES" ABOVE: MANDATORY 14 DAY SELF-QUARANTINE**

INITIALS:

Were you placed into Quarantine after any recent travelling?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you undergo a test for novel coronavirus?:	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If answered "YES"</i> What were the test results (positive, negative)?	_____
<i>If answered "NO"</i> If test results not received, when are they expected?	_____
<i>If answered "NO"</i> If not tested, Why Not?	_____

By signing below, I acknowledge that the information provided above is true and correct. I have been advised that I will not be permitted to enter AV GROUP NB Inc. – Mill workplace if presenting any risk that may jeopardize people’s health.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_