

## **CBGOC COVID-19 Health Check Questionnaire**

The following questions are designed to ensure our Site Supervisors and Trade Partners are able to make informed and collaborative decisions that maintain the highest possible level of health and wellbeing on our projects.

We require all workers to adhere to the updated CBGOC COVID-19 practices and guidelines, to help us continue work during this challenging time, which includes the completion of this form.

<b>Name:</b>	<b>Project Name:</b>
<b>Employer:</b>	<b>Date:</b>

Please complete the following questions honestly and accurately by selecting "YES" or "NO".

QUESTIONS	Please Check	
	YES	NO
1. Are you experiencing any of the following core symptoms? <ul style="list-style-type: none"> <li>new cough or worsening of a chronic cough</li> <li>sore throat</li> <li>fever or chills</li> <li>new or worsening shortness of breath or difficulty breathing</li> <li>runny nose</li> <li>loss of sense of smell or taste</li> </ul>		
2. In the past 14 days, have you been notified that you are a close contact of a confirmed case of COVID-19 <b>and been directed to isolate</b> by local health officials?		
3. Have you been tested for COVID-19 within the last 72 hours and have not yet received the test result?		
4. In the past 14 days, did you return from travel outside of Canada?		

If you answer "YES" to any of the questions above, you may be asked to leave the worksite and liaise with your Employer on next steps.

Your Employer will advise you on what must happen next and may include the recommendation to self-isolate and take the online COVID-19 self-assessment tool.

Workers who are determined not to present a risk of COVID-19 transmission to others on site will be allowed to return to work as per the CBGOC COVID-19 Travel & Exposure Policy.

**\*NOTE: This Health Check Questionnaire is mandatory for all workers. Workers who refuse to complete this Health Check Questionnaire will be denied access to the site.**

<b>Employee Signature:</b>
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