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| **(Company Name)** | **Date:** |
| **Worker(s) Name:** | **Work Site Address:** |
| **Task Description:**  | **Property Occupant(s):** |
| **Pre-Screening Questions for Service Calls** To ensure the safety of staff, subcontractors and clients **(Company Name)** is asking a few simple questions for the occupants, of the above listed address, before any work proceeds:1. Are you or anyone else on the property experiencing any of the following symptoms?

**☐ No ☐ Yes** Fever**☐ No ☐ Yes** Cough**☐ No ☐ Yes** Sore throat**☐ No ☐ Yes** Shortness of breath or difficulty breathing1. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?

  **☐ No ☐ Yes**1. Did you or anyone on the property provide care or have close contact with a person with COVID-19 (probable or confirmed) within the last 14 days?  **☐ No ☐ Yes**
2. Have you or anyone in your home had close contact with a person who has travelled outside of Canada in the last 14 days and who has become ill?  **☐ No ☐ Yes**
3. Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19? **☐ No ☐ Yes**
4. Other symptoms:

**Property Occupant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If the answer is YES to ANY of the above questions, STOP work! Report to your supervisor.**Verified by employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ |

***COVID-19 Pre-Screening for Service Calls***