**APPENDIX A**

**EXAMPLE 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. All workers must complete of this form.

|  |  |
| --- | --- |
| Name: | Project Name: |
| Employer: | Date: |

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

|  |  |  |
| --- | --- | --- |
| **QUESTIONS** | **Please Check** | |
| **YES** | **NO** |
| 1. Are you, or is anyone in your household experiencing any shortness of breath, sore throat, cough, fever, unusual fatigue, or any other flu-like symptoms today or in the last 14 days? |  |  |
| 2. Have you been in contact with anyone else who has been experiencing cold or flu-like symptoms, or unusual fatigue in the last 14 days? |  |  |
| 3. Do you have any concerns about coworkers related to the questions above? |  |  |
| 4. Do you have any other COVID-19 related concerns to report to the Site Supervisor today? |  |  |

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 return to work or 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 relevant Policy.

**\*NOTE: This Health Check Questionnaire is mandatory for all workers.**

Workers who refuse to complete this Health Check Questionnaire as defined by theSite-Specific Pandemic Preparedness Plan will be denied access to the site.

**I hereby acknowledge the above information to be true.**

|  |  |
| --- | --- |
| Employee/Visitor Name and Signature: | Site Supervisor Signature: |