|  |  |
| --- | --- |
| **(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 breathing   1. 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***