



## CONTRACTOR SCREENING FORM

Dear Contractor,

To prevent the spread of novel coronavirus (COVID-19) in our community and reduce the risk of exposure to our staff, other contractors, residents, and visitors we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

<b>Name</b>	
<b>Company Name</b>	
<b>Contact Information (Cell Number)</b>	

1. Do you have any of the following symptoms: Yes      No
  - Fever
  - Cough
  - Body aches
  - Shortness of breath
2. Have you been in contact with anyone who had a confirmed case of novel coronavirus (Covid-19) in the last 14 days? Yes      No
3. Have you been quarantined or advised to self-isolate due to COVID 19 in the last 14 days? Yes      No
4. Have you travelled internationally in the last 14 days? Yes      No
5. Self-Reported Temperature Check: \_\_\_\_\_

### NOTE

If the individual has a temperature of 38 degrees Celsius or greater, the individual cannot enter the building at this time.

If you answered "YES" to any of the above-mentioned questions, the individual cannot enter the building at this time.

\_\_\_\_\_  
**Signature (Contractor)**

\_\_\_\_\_  
**Date**

Please sign and email to [nurse@mcclureplace.ca](mailto:nurse@mcclureplace.ca)