



**COVID-19 Pre-Screen Risk Assessment Form**

<b>Personal Information</b>	
Employee/Visitor Name:	
Contact #	
Company:	

<b>Questionnaire</b>	
1. Within the last 14 days, have you visited or travelled to any country outside of Canada?	YES / NO
2. Within the last 14 days, have you been in close contact with a person(s) who has travelled outside of Canada.	YES / NO
3. Within the last 14 days, have you been in close contact with a person(s) who has been confirmed or is suspected of having the COVID-19 virus?	YES / NO
4. Within the last 14 days, do you believe you have been infected with the COVID-19 virus?	YES / NO
5. Do you currently have any of the following symptoms? Cough, shortness of breath, temperature >38°C (100.4°F)	YES / NO

**Contact management immediately if you have answered YES to any of the above questions.**

<b>Essential work Travel Questions</b>		
Did you travel to or from a PTRL worksite with someone other than from your family circle?		YES / NO
<b>Reason For Travel:</b>		<b>Date:</b>
<b>Travelers Names:</b>		

<b>Applicant's Statement</b>	
I hereby declare that the answers to all questions are, to the best of my knowledge, correct, and that I have not withheld information regarding my present health.	
Employee/ Visitor Signature:	
Date:	