

## Daily verification of the employee's health

You must answer these questions **before** you arrive at work.

Please chose the answer that best applies to your present situation:

Do you have...

- |                                                                                                                    |     |    |
|--------------------------------------------------------------------------------------------------------------------|-----|----|
| • a recent cough or one that has worsened lately?                                                                  | YES | NO |
| • a fever or chills, like when you have the flu?                                                                   | YES | NO |
| • any difficulty breathing?                                                                                        | YES | NO |
| • sudden loss of smell or taste?                                                                                   | YES | NO |
| • unusual muscle aches and pain, for no apparent reason?                                                           | YES | NO |
| • unusual headache?                                                                                                | YES | NO |
| • diarrhea in the past 12 hours?                                                                                   | YES | NO |
| • have you been in close contact (without a mask) or do you live with anyone who has tested positive for COVID-19? | YES | NO |
| • have you traveled outside of Canada during the past two weeks?                                                   | YES | NO |

If you have answered YES to any of these questions, **do not show up for work and call HR.**

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(FULL NAME)

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(ID)

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(DATE)