Contractor Screening	YES	NO
Have you recently (within last 14 days) traveled outside of Canada ? If so, where ? _____.		
To the best of your knowledge, have you been in contact with anyone who has a confirmed or probable case or showing symptoms of COVID 19 or who has traveled outside of Canada in the past 14 days ?		
Are you experiencing or have you, in the past 14 days, experienced any of the following; Fever alone or in combination with either of the following: • Cough • Difficulty breathing		

_____ _____ _____

Name **Signature** **Date**

If you answered *Yes* to any of the questions above please do not proceed to the site until cleared to do so.

Please contact your Project Manager immediately.

If you answered *No* to the questions above:

For Contractors please submit to your Project Manager as soon as possible and proceed to the site.

This form is to be completed by all persons attending the site and who have answered no and is to be presented to the Facility Manager and emailed to davis.kyle@pwgsc-tpsgc.gc.ca.