



COVID-19 Precautionary Screening – Health Questionnaire

As we continue to monitor COVID-19, we are conducting active screening for potential risks of COVID-19 with everyone entering the SMG camp & worksite. We are asking all personnel (SMG & contractors) to declare the following:

Name:..... Date:.....

Company:..... Signature:.....

Have you returned from an international location (including the United States) in the last 14 days?

YES NO

Do you have (or had in the last 7 days) any flu like symptoms?

Fever / chills Headache Sore throat Fatigue

Muscle or body aches Cough Difficulty breathing Nausea, vomiting or diarrhea

Loss of taste, smell or appetite Running nose or sneezing NO

Are you taking any medication including over the counter medications such as Tylenol or Advil to treat or suppress any of the above symptoms?

YES NO

If yes is it related to allergies?

YES NO

Have you had close contact with a confirmed or probable COVID-19 case?

YES NO

Are you the subject of a provincial/territorial or local public health order?

YES NO

If yes please explain:.....

NOTE if you respond YES to any of these questions, or refuse to answer, then you have failed the screening and cannot enter the camp or work site. Please contact your supervisor, site contact or doctor to complete a follow up assessment.

Assessment (to be completed by SMG nominated person)

Temperature Check:.....

Fever: YES NO