



Coronavirus (COVID-19)

Employee Name:

PREVENTION QUESTIONNAIRE: SECTION A

A - 1 Have you flown or traveled outside of your province in the past 14 days? If yes, complete the following questions: Yes No

1.1: What date did you arrive?

1.1 : What was your destination?

A - 2 Have you met anyone who has returned from a trip in the past 14 days? If yes, complete the following questions: Yes No

2.1: Do you know the date they returned?

2.2: Do you know their destination?

SECTION B

B - 3 Have you had a **FEVER** in the past 14 days? If yes, complete the following question: Yes No

3.1: What is the start and end date?

B - 4 Have you had a **COUGH** in the past 14 days? If yes, complete the following question: Yes No

4.1: What is the start and end date?

B - 5 Have you had **DIFFICULTY BREATHING** in the past 14 days? If yes, complete the following question: Yes No

5.1: What is the start and end date?

Signature: _____

Date: _____