

WORKERS: Please fill out the below questionnaire or verbally state your answer to your supervisor.

NAME: _____

Question 1

Have you, someone living in your household, an intimate partner, or someone you are caring for, been diagnosed with COVID-19 (Coronavirus) or had any contact with a confirmed case of COVID-19

YES / NO

Question 2

Do you currently have or have you had within the last 24 hours any of the following symptoms: Low grade fever 100.4F / 38C or higher, respiratory symptoms, cough, shortness of breath, difficulty breathing.

YES / NO

Question 3

Have you traveled outside of North America in the last 14 days? This includes airline flight changes, layovers in these areas.

YES / NO

Question 4

Have you been in contact with anyone who has traveled outside of North America in the last 14 days? This includes airline flight changes, layovers in these areas.

YES / NO

WORKERS: IF YOU ANSWERED YES TO ANY QUESTION...

PLEASE ADVISE YOUR SUPERVISOR IMMEDIATELY VIA PHONE CALL.

If you are experiencing symptoms:

Contact Health Links-Info Santé at 204-788-8200 or 1-888-315-9257 (toll-free) if you're experiencing symptoms of the 2019 novel coronavirus. Do not call 911 unless it is an emergency. A FREE ONLINE SELF-SCREENING TOOL MAY BE FOUND AT: <https://sharedhealthmb.ca/covid19/screening-tool/>

WORKERS: Your questionnaire will be sent electronically to Caitlin, filed electronically, and may be sent electronically as required.

Should ANY answer change from "NO" to "YES", Normandeau Roofing Ltd. requires this information via phone call or email as soon as possible. This questionnaire may be re-circulated at any time, subject to the evolving of current events.

SUPERVISORS:

Please carefully review and take a clear picture of each form.

Email forms to caitlins@norrooft.com with the subject line stating "Reviewed and Approved".

This will serve as your electronic approval and signature.

**IF YOUR WORKER HAS ANSWERED YES TO ANY QUESTION,
ADVISE THE OFFICE IMMEDIATELY VIA PHONE CALL.**