

COVID-19: Health Screening for Service Providers

Last updated: April 2, 2020

Please note that this document will be revised as new information becomes available. Individuals will be required to complete this screening every time they are required to visit the condominium.

Service provider name: _____

Service company name: _____

Condominium Corporation name and number: _____

Screening completed by: _____

Date of screening: _____

1. Are you currently experiencing any of the following COVID-19 related symptoms?

- Fever (higher than 38 degrees C or higher than 100.4 degrees F)
- Onset or worsening of existing cough
- Shortness of breath or difficulty breathing
- Sore throat
- Runny nose or nasal congestion

YES NO

2. Have you experienced any of the above symptoms within the last 14 days?

YES NO

3. Have you recently returned from international travel, or were asked to self-isolate by a health care professional, and have not yet completed the mandated 14-day self-isolation period?

YES NO

4. Have you had any of the following contacts?

- Close contact with a confirmed case of COVID-19
- Close contact with someone who is presumed positive for COVID-19
- Living with someone who has returned from an international trip
- Living with someone who has been asked to self-isolate
- Living with someone who has exhibited COVID-19 related symptoms

YES NO

Manager Confirmation

[] The service provider has agreed to comply with frequent hand washing/sanitizing, social or physical distancing, proper cough/sneeze etiquette and has been shown where hand washing facilities are.

If YES was answered to any of the above questions, the service provider is not permitted access to the condominium at this time. The service provider should be asked to review the government advisories around self-isolation and complete a health screening after the required 14-day self-isolation period is completed. Please consult with your regional manager if there is any uncertainty regarding the screening results.

Copies of original health screenings must be kept in confidential files until the COVID-19 crisis has been declared over.

Additional Manager Comments

Service Provider signature: _____

Print name: _____

Manager signature: _____

Print name: _____