



Barber HyMac Hydro Inc.

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Novel Coronavirus (COVID-19) Screening Questionnaire

Name: _____ Contact Number: _____

Company: _____

Are you currently experiencing any of the following symptoms?	Place an X beside Answer		When did symptoms begin?
Fever >100.4F (38qc)	Yes:	No:	Date:
Chills	Yes:	No:	Date:
Sore throat	Yes:	No:	Date:
Cough (new)	Yes:	No:	Date:
Shortness of breath	Yes:	No:	Date:
Other, specify:	Yes:	No:	Date:

In the past 14 days, have you travelled to any of the following areas:		
China — Hubei	Yes	No
Other provinces in China (aside from Hubei)	Yes	No
South Korea	Yes	No
Europe	Yes	No
Italy	Yes	No
Iran	Yes	No
Anywhere else outside Canada (please specify)		
If you answered YES to any of the above, please provide additional details including travel dates and specific city and country of travel:		

Have you been in contact with anyone who has travelled to any of the following areas in the past 14 days:		
China — Hubei	Yes	No
Other provinces in China (aside from Hubei)	Yes	No
South Korea	Yes	No
Europe	Yes	No
Italy	Yes	No
Iran	Yes	No
Anywhere else outside Canada (please specify)		
If you have answered YES to any of the questions above, please provide additional details including the travel dates and specific city and country of travel for the person you have had contact with and when you last came in contact with them:		

Do you have any history of exposure to the Novel Coronavirus (COVID-19), such as contact with an individual who is positive for COVID-19?	Yes	No
If YES, please describe your exposure history below (date it occurred, environment the exposure was in, etc.)		

If you have previously completed a screening questionnaire and any answers have changed, you must complete a new questionnaire. We will be asking for a new questionnaire to be completed every 14 days.

Signature _____ Date: _____