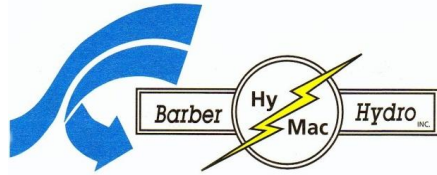


# COVID-19 Visitor Screening Questionnaire



## Barber HyMac Hydro Inc.

239 BARRICK RD., PORT COLBORNE, ONTARIO, CANADA L3K 5Z5  
PHONE (905) 835-5661 (905) 835-8112  
FAX: (905) 835-1733

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Company: \_\_\_\_\_

	Yes	No
1. Do you have any of the following <b>new or worsening</b> symptoms or signs? (Symptoms should not be chronic or related to other known causes or conditions)		
Fever or chills		
Difficulty breathing or shortness of breath		
Cough		
Sore throat, trouble swallowing		
Runny nose/stuffy nose or nasal congestion		
Decrease or loss of smell or taste		
Nausea, vomiting, diarrhea, abdominal pain		
Not feeling well, extreme tiredness, sore muscles		
2. Have you travelled outside of Canada in the past 14 days?		
3. Have you had close contact with a confirmed or probable case of COVID-19		

If you have answered **NO to all questions 1 through 3**, you have passed and can enter the facility.

If you have answered **YES to any questions from 1 through 3**, you have not passed and **cannot enter the facility** (including any outdoor, or partially outdoor, workspaces).

We will be asking for a new questionnaire to be completed daily.

You will be responsible to provide a mask or face shield that must be worn at all times while at our facility.

By signing this form, you confirm all answers to the above questions and agree to abide by the Barber Hymac Hydro Inc. COVID-19 protocol.

Please return form to [sandie@barberhymac.com](mailto:sandie@barberhymac.com) or by fax to 905-835-1733.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_