



55 Columbia Street East
Suite 1 Waterloo ON
N2J 4N7

Site Worker Daily Screening Form

At Activa, we are committed to ensuring our workplaces are environments that are safe for all of our employees, trades, and visitors.

To help us reduce the risk of exposure to COVID-19 on our sites, we ask that you complete the self-declaration tool below.

Please be aware that in accordance with the Personal Information Protection and Electronic Documents Act, any information you share with us using this form will be kept secure and confidential to the extent possible and your completed form will be destroyed in due course. If you wish to update or review the contents of this form, you may do so by making a request through your Site Supervisor.

Activa reserves the right to refuse access to any individual. If you have been diagnosed with COVID-19 in the last 14 days or you have answered 'YES' to any of the questions below, you are not permitted to attend our sites. You will be permitted on our sites again once you have been cleared by Public Health.

Self-Declaration Assessment Tool:

Name:

_____ (PRINT)

Company/ Trade Name:

_____ (PRINT)

Subdivision:

_____ (PRINT)

Site Supervisor:

_____ (PRINT)

Please answer each question below to the best of your ability by circling the appropriate answer.

- | | | | |
|-----------|--|---|---------------|
| 1. | Have you travelled outside of Canada within the last 14 days? | Yes | No |
| 2. | To your knowledge, in the last 14 days have you come into close contact (within 6 feet) of someone who has been medically diagnosed with the COVID-19 or who is a presumptive positive case? | Yes | No |
| 3. | Have you been instructed to self-isolate by a medical practitioner? | Yes | No |
| 4. | Are you currently experiencing any of the following symptoms associated with the COVID-19 virus? Symptoms should not be chronic or related to other known causes or conditions. | | |
| | <ul style="list-style-type: none"> • Fever or Chills • Difficulty breathing or shortness of breath • Runny nose/stuffy nose or nasal congestion • Nausea, vomiting, diarrhea | <ul style="list-style-type: none"> • Cough • Sore throat or trouble swallowing • Decrease or loss of smell or taste • Not feeling well, extreme tiredness, sore muscles | Yes No |

By signing below, I acknowledge that I understand the request above and agree to grant Activa permission to use the information I have provided as deemed necessary in determining whether or not I may be permitted to work on their site.

Worker Signature

Date