



COVID-19 Pre-screening Questionnaire

Dear Sir / Madam:

To prevent the spread of novel coronavirus (COVID-19) in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at this facility. Thank you for your time.

Please save your completed form as YYYY-MM-DD PSQ LastName, FirstName then send as a .pdf file by e-mail to:

TPSGC.SICSECommunications-RPSEGDCCommunications.PWGSC@tpsgc-pwgsc.gc.ca

Section 1 – Visitor information		
Visitor Full Name	Personal Phone No. (Home/Mobile)	Date(s) of Visit
Organization / Company: (Full name)		
Visit location	Visit Host Full Name	Visit Host Phone No.
Purpose of the visit:		
Business Meeting	Interview	Other (Please provide details)
Details:		

Section 2 – Self-Declaration by Visitor	Yes	No
1 Have you experienced any cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)?		
2 Have you been in close contact with or cared for someone with a confirmed case of COVID-19 in the last 14 days?		
3 Have you traveled outside Canada in the last 14 days?		
4 Have you been in close contact with anyone who has traveled out of the country within the last 14 days?		

If the answer is “yes” to any of the questions, access to the facility will be denied. Your visit host will confirm your visit approval.

I understand my incoming visit will not be considered for approval until a completed and signed form has been submitted to the above email account.

Visitor Signature: _____

Date: YYYY-MM-DD _____

****Notify your host immediately if you begin to develop symptoms after your visit has been approved. This must be done before you arrive at the facility.****