

Bidders **must** fill out the attached Covid-19 Screening Questions prior to entering the Institution proper. Bidders **must** present the completed form at the principle entrance.



Correctional Service
Canada

Service correctionnel
Canada

PROTECTED **B** ONCE COMPLETED

COVID-19: Screening Questions

To help us prevent the spread of COVID-19, we ask you to read this carefully and answer the questions below. Please act accordingly following the screening questions. For questions about symptoms, please refer to the list of symptoms in the box to the right.

If 'yes' is answered to any of questions 1-4, do not enter the site, contact your manager and the local public health authority.

1. Are you currently experiencing any symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has anyone in your household experienced any symptoms in the past 14 days? (Note: if the symptomatic person in your household has received a negative COVID-19 test result, please answer 'no')	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. In the past 14 days, have you been identified as a close contact of someone with suspected or confirmed COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you travelled outside Canada in the past 14 days or been in contact with anyone who has travelled outside Canada in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Examples of symptoms include the new onset of:

- A new or worsening cough
- Shortness of breath or difficulty breathing
- Temperature equal to or over 38°C
- Feeling feverish
- Chills
- Fatigue or weakness
- Muscle or body aches
- Headache
- New loss of smell or taste
- Gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
- Feeling very unwell

If **NO** to all of the above:

5. Have you experienced any symptoms since you were last in the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	See questions below.	You may enter the site.

ONLY COMPLETE THIS SECTION IF YOU ANSWERED YES TO QUESTION 5.

5a. When was your symptom onset date?	(yyyy-mm-dd)	
5b. Has it been at least 10 days since your symptoms started?	<input type="checkbox"/> Yes Continue to 5c.	<input type="checkbox"/> No Do not enter the site, contact your manager and the local public health authority.
5c. Have you been symptom free for at least 48 hours?	<input type="checkbox"/> Yes You may enter the site.	<input type="checkbox"/> No Do not enter the site, contact your manager and the local public health authority.

Name (Print)

Signature

Date (YYYY-MM-DD)