**COVID-19**

**HEALTH SCREENING QUESTIONNAIRE FOR CONTRACTORS AND SERVICE PROVIDERS**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**To help satisfy compliance with the *Condominium Act, 1998* (the “Act”) and to enhance the safety of residents, property management, condominium staff, and all others on the condominium property,** **Condominium Corporation** **requires all persons performing work on the property (herein called “contractors and service providers”) seeking access to the property to complete a mandatory Health Screening Questionnaire. Please be advised that all such persons who do not complete this questionnaire will not be allowed access onto the condominium property.**

**This questionnaire is being conducted solely as a preventative measure to reduce and/or restrict the spread of COVID-19 on the condominium property. All information collected will remain confidential, except when disclosure is required by law.**

Name of Contractor/Service Provider (the person signing below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in Condominium Corporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19 Safety Protocol**

At all times while performing services on the property, you are required to abide by all health protocols required by law or recommended by Ottawa Public Health, including but not limited to:

* Practicing physical distancing – staying six feet (2 meters) away from all others
* Where possible, workers and occupants should be segregated in different rooms
* Ensuring that a maximum of 5 workers attend any work site at any one time
* Wearing a mask to cover your nose and mouth (and sneezing or coughing into your elbow or sleeve)
* Frequently washing your hands with soap for at least 20 seconds
* Not sharing work tools or personal protective equipment (PPE)
* Cleaning and disinfecting work tools, PPE, and high touch surfaces frequently
* Wearing gloves whenever possible while on the worksite
* Not attending the property if you are sick or displaying any of the symptoms outlined in Question 1 below, or any other COVID-19 related symptoms (even mildly)
* Self-isolating, as necessary, in accordance with public health requirements

**Health Screening Questionnaire**

1. Are you currently experiencing any of the following symptoms? (new or worsening)
* New or worsening cough **YES NO**
* Shortness of breath or difficulty breathing **YES NO**
* Sore throat **YES NO**
* Reduced sense of smell or taste **YES NO**
* Runny nose **YES NO**
* Unexplained fatigue or malaise **YES NO**
* Fever higher than 38 degrees Celsius **YES NO**
1. Have you knowingly come into contact with someone that has experienced any of the of the above-noted symptoms in the past 14 days? **YES NO**
2. Have you travelled outside Canada or knowingly had contact with anyone who has travelled outside Canada in the past 14 days**? YES NO**
3. Have you, within the past 14 days, been asked by a health professional to self-isolate due to COVID-19? **YES NO**
4. Have you, in the past 14 days, done any of the following:
* Been tested for COVID-19 and are awaiting the results? **YES NO**
* Had close contact with someone who has tested positive for COVID-19? **YES NO**
* Had close contact with someone who is presumed to be COVID-19 positive? **YES NO**
* Been living with someone who has displayed COVID-19 related symptoms? **YES NO**
* Been living with someone who has been asked by a health professional to self-isolate due to COVID-19? **YES NO**
* Had close contact with someone residing or working in a long-term care facility where a COVID-19 outbreak has been identified? **YES NO**
* **Been on a worksite that was shut down due to COVID-19? YES NO**

 **If you have answered “YES” to any of the above questions, you will not be granted access to the premises.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Contractor/Service Provider), have completed the COVID-19 Health Screening Questionnaire honestly and to the best of my knowledge, and I agree to comply with the condominium’s COVID-19 Safety Protocol noted above. I have been given the opportunity to ask any questions to the condominium’s Property Manager/Agent.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Property Manager/Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**