As you are aware, the coronavirus (Covid-19) has become a serious global health risk that continues to expand globally and within Canada, now having several confirmed cases domestically. We would ask that contractors who have recently travelled outside Canada to a high risk region or recently returned from a cruise to please self-report so that a proactive approach can be taken.

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| ***\*\*\*PLEASE PRINT\*\*\**** |
| **NAME:** |  | **COMPANY:** |  |
| **ATHOLVILLE MILL SPONSOR NAME:** |  |

|  |
| --- |
| **Are you presenting any of the symptoms below:** |
| Fever?  | YES [ ]  NO [ ]  | \*\* If YES, start date of symptom: |  |
| Coughing? | YES [ ]  NO [ ]  | \*\* If YES, start date of symptom: |  |
| Difficulty Breathing? | YES [ ]  NO [ ]  | \*\* If YES, start date of symptom: |  |
|  |  |  |  |
| If YES Are Symptom(s) still present? | YES [ ]  NO [ ]  | \*\* If NO, end date of symptom(s): |  |

 **IF ANSWERED “YES” ABOVE: MANDATORY 14 DAY SELF-QUARANTINE**  INITIALS:

|  |  |
| --- | --- |
| **Have you been travelling to any High Risk Area(s) in the last 14 days?** | YES [ ]  NO [ ]  |
| **Have you been on a cruise in the last 14 days?** | YES [ ]  NO [ ]  |

 **IF ANSWERED “YES” ABOVE: MANDATORY 14 DAY SELF-QUARANTINE**  INITIALS:

|  |  |
| --- | --- |
| **Were you placed into Quarantine after any recent travelling?** | YES [ ]  NO [ ]  |
|  |  |  |
| **Did you undergo a test for novel coronavirus?:** | YES [ ]  NO [ ]  |
| ***If answered “YES”*** | What were the test results (positive, negative)?  |  |
|  | If test results not received, when are they expected? |  |
| ***If answered “NO”*** | If not tested, Why Not? |  |

By signing below, I acknowledge that the information provided above is true and correct. I have been advised that I will not be permitted to enter AV GROUP NB Inc. workplace if presenting any risk that may jeopardize people‘s health.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE:** |  | **DATE:** |  |