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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***\*\*\*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:** |  |