

### Visitors/Contractors

- 1) Please review the *Office Policies* document found on our main COVID-19 page. All visitors/contractors will be required to follow all procedures in the document, including but not limited to 6' distancing, mandatory mask wearing and health forms for tracing purposes.
- 2) When you arrive you will confirm with staff that you are wearing a 3 layer mask. If you do not have a mask that is acceptable, staff will provide you with a 3 layer disposable mask.
- 3) You will be instructed to wash or sanitize your hands.
- 4) Your temperature will be taken.
- 5) You will be asked to fill out a Health Declaration Form (found below).
- 6) If you answer *yes* or *unsure* to any of the questions on the Health Declaration form you will not be permitted in the building.



Name: \_\_\_\_\_ Week of: \_\_\_\_\_

Visitor Phone Number/Company: \_\_\_\_\_

**1. To the best of your knowledge, have you or anyone in your household returned from a trip in the past 14 days?**

Outside Canada  Yes  No  Unsure  
 Inside Canada via air/bus/train  Yes  No  Unsure

**2. To the best of your knowledge, have you had contact with anyone with confirmed COVID-19 in the past 14 days?**

Yes  No  Unsure

**3. To the best of your knowledge, are you or any household members experiencing any of these symptoms?**

a) Fever above 38°C/100°F  Yes  No  Unsure  
 b) Sneezing  Yes  No  Unsure  
 c) Difficulty breathing  Yes  No  Unsure  
 d) Dry cough  Yes  No  Unsure  
 e) Sore throat  Yes  No  Unsure

| Question                 | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|
| 1                        |     |     |     |     |     |     |     |
| 2                        |     |     |     |     |     |     |     |
| 3 a)                     |     |     |     |     |     |     |     |
| 3 b)                     |     |     |     |     |     |     |     |
| 3 c)                     |     |     |     |     |     |     |     |
| 3 d)                     |     |     |     |     |     |     |     |
| 3 e)                     |     |     |     |     |     |     |     |
| Arrival Time             |     |     |     |     |     |     |     |
| Departure Time           |     |     |     |     |     |     |     |
| Temperature Upon Arrival |     |     |     |     |     |     |     |

**Steps:**

If you answer yes to any of the above questions, or experience symptoms after completing this form, report to your supervisor and follow their instructions.

**BC COVID-19 Symptom Self-Assessment Tool:** [bc.thrive.health/covid19/en](https://bc.thrive.health/covid19/en)

The information collected will only be disclosed upon lawful request, for example, to the Public Health Office for the purposes of contact tracing.

Signature (worker): \_\_\_\_\_ Date of Signature: \_\_\_\_\_