

COVID 19 Placement Screening Tool

<p>1. When you go to the company you may be asked to fill out a health questionnaire and follow procedures including wearing personal protective devices like masks and gloves and physical distancing. Do you agree to do this?</p>	<p>Yes / No</p>
<p>2. Have you been exposed to anyone who has tested positive of, or suspected to have COVID 19 / Coronavirus in the last 14 days? If Yes, what was the date of last contact? _____</p>	<p>Yes / No</p>
<p>3. Have you or anyone you live with experienced any of the following symptoms (or a combination of these symptoms) within the last 14 days?</p> <ul style="list-style-type: none"> • Fever above 38°C • New cough • Difficulty breathing (for example, struggling for each breath, cannot hold breath for more than 10 seconds) <p>If Yes, what was the last date of symptoms _____</p>	<p>Yes / No</p>
<p>4. Have you or anyone you live with experienced any of the following symptoms (or a combination of these symptoms) in the last 14 days?</p> <ul style="list-style-type: none"> • muscle aches • fatigue • headache • sore throat • runny nose <p>Symptoms in young children may also be non-specific (for example, lethargy, poor feeding).</p> <p>If Yes, what was the last date of symptoms _____</p>	<p>Yes / No</p>
<p>5. Have you or anyone living in your home experienced any of the following symptoms in the last 14 days?</p> <ul style="list-style-type: none"> • severe chest pain • having a very hard time waking up • feeling confused • lost consciousness <p>If Yes, what was the last date of symptoms _____</p>	<p>Yes / No</p>
<p>6. Have you travelled outside of Canada in the last month (30 days)?</p>	<p>Yes / No</p>
<p>7. How do you travel to work? (Bus/public transit, car, taxi, walk)</p>	<p>Enter Answer:</p>
<p>It is recommended that if you are over 70 or immunocompromised (for example if you have HIV/AIDS, are receiving immunosuppression therapy or treatment for cancer or have had a transplant) that you should self-isolate and not go to work. Do you have any other information you would like to share with me about your ability to safely go to work?</p>	<p>Yes / No</p>

Call us and self-isolate and do not go to work if you:

- start to feel sick with fever, new cough, difficulty breathing, muscle aches, sore throat, runny nose)
- come into contact with someone with respiratory or the other above symptoms

Stay safe by:

- practicing social distancing (2 metres/ 6 feet between people)
- washing your hands often with soap and water or alcohol-based hand sanitizer
- sneeze and cough into your sleeve
- avoid touching your eyes, nose or mouth
- avoid contact with people who are sick
- stay home if you are sick

Contact Labour Source anytime if you have questions 905-264-9675.

If candidate want more information about COVID 19 email this link <https://www.ontario.ca/page/2019-novel-coronavirus#section-9> or tell them to call 1-866-797-0000.