

**The COVID-19 Questionnaire must be completed and submitted daily before you reach the office.
If you are ill, or experiencing symptoms listed below, please stay home and contact your health professional for
advice on whether you should be tested for COVID-19.**

Are you currently experiencing any symptoms specifically related to a cold or flu?

Yes No

Have you experienced any of the symptoms related to COVID-19? (check those that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fever (equal or greater to 38C) | <input type="checkbox"/> Sneezing (not allergy related) |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Runny nose/congestion (not allergy related) |
| <input type="checkbox"/> Cough (new or worsening) | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Muscle aches |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Digestive issues (nausea, diarrhea) |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Loss of consciousness |

Have you travelled outside of the country in the last 14 days? Yes No

Has someone in your household travelled outside of Canada in the past 14 days? Yes No

To your knowledge, have you had close contact with anyone that has or may have COVID-19? Yes No

I feel healthy and intend to be in the office today. Yes No

Consent to Disclose Personal Health Information

I, _____, authorize **The PEER Group Inc.** to collect, store and divulge
(Print your name)

information related to my health status as related to COVID-19. I understand that this information will be stored on PEER's network for up to 3 years after COVID-19 State of Emergency ends. I understand that this information will be shared with the Health & Safety Committee, PEER Group Directors, Public Health and/or hospital officials as required to maintain a safe and healthy workplace and community.

I agree that the Health & Safety Committee or PEER Group Directors may notify the company at large if I contract COVID-19 or come into contact with someone with COVID-19 so they can take the appropriate protective measures. Yes No

Employee Signature: _____

Date: _____