

Date: _____ Name: _____ Clock #: _____

Phone #: _____ Supervisor Name: _____

Work Area (Bay/Station#): _____

Employee Information Questionnaire - Coronavirus

BOMBARDIER

To help prevent the spread of Novel Coronavirus (COVID-19), we are asking our employees to respond to some basic questions to help limit the risk of exposure to others.

Have you:

In the last 14 days, travelled outside of Canada? Yes <input type="radio"/> No <input type="radio"/>
Come in close contact with a positive case for COVID-19, or with a person who is sick with new respiratory symptoms (Respiratory symptoms can include fever, cough or difficulty breathing)? Yes <input type="radio"/> No <input type="radio"/>
Are you experiencing any of the following symptoms (or a combination of these symptoms)? <ul style="list-style-type: none">• fever• new cough• shortness of breath (even when you're not active) Yes <input type="radio"/> Please state symptom(s) _____ No <input type="radio"/>
Are you experiencing 2 or more of the following symptoms? <ul style="list-style-type: none">• muscle aches -sore throat• fatigue -runny nose• headache Yes <input type="radio"/> Please state symptom(s) _____ No <input type="radio"/>

Please note the Government of Ontario's Ministry of Health states the following on their website:
All persons over 70 years of age and individuals who are immunocompromised are advised to self-isolate for a period of 14 days (<https://www.ontario.ca/page/2019-novel-coronavirus>).

Name of individual completing questionnaire: _____