



## Pre-Entry Visitor Covid-19 Self-Screening

Full Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Other: \_\_\_\_\_ Facility Visiting: \_\_\_\_\_

Date Visiting: \_\_\_\_\_ Time Visiting: \_\_\_\_\_

### In the last 14 days have you:

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Experienced any COVID-19 related symptoms?<br>(Fever, Cough, Difficulty Breathing)                      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Had exposure to a person that was ill with COVID-19?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Had exposure to a person that is currently being tested for COVID-19?                                   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Been exposed to anyone in Health Care or Agricultural/Farm industries with infected residents or staff? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Been assigned to quarantine and/or self-isolate by the Canada Border Officer or Public Health Official? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

*Next question only applies to visitors who are NOT citizens or permanent residents of Canada, and the information collected will be used in confidence to determine a plan of action in case of exposure to Covid-19.*

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 6. Are you <b>fully vaccinated*</b> against Covid-19? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
|---|--------------------------|-----|--------------------------|----|

*\*Fully vaccinated means that you have received two (2) valid doses of either (Pfizer, Moderna or AstraZeneca) vaccine or one (1) valid dose of Johnson & Johnson vaccine, AND that at least fourteen (14) days have passed since your last dose was administered.*

### **Waiver/Release:**

*The undersigned agrees that, in entering the facilities of AV Gauge & Fixture Inc., does so entirely at own risk and hereby releases AV Gauge and its staff from any and all claims associated with the use of the facilities, particularly with respect to potential exposure to any virus or pathogen including Covid-19.*

Visitor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Temperature Testing:** Your temperature may be taken upon arrival at AV Gauge's discretion.

Visitor's recorded temperature: \_\_\_\_\_ (to be completed by screener)

Screener name: \_\_\_\_\_