



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

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

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

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

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

***In an effort to protect the well-being of our employees, all visitors, contractors and suppliers must conduct Covid-19 Self-Assessment prior to entering any AV Gauge & Fixture Inc. facilities.***

***The Covid – 19 Self-Assessment can be found here <https://covid-19.ontario.ca/self-assessment/>.***



☐ I confirm that I have completed the Ontario Provincial Covid – 19 Self- Assessment, and based on its results, I do not have to self-isolate or get tested.

My vaccination status is:

☐ Fully Vaccinated   ☐ Unvaccinated   ☐ Partially Vaccinated

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

***\*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.*