

## BANYAN GROUP OF COMPANIES LTD.

YOUR PROJECT OUR SOLUTIONS

## Worksite Entry Questionnaire

The following questionnaire must be completed in order to gain entry onto the project site. Complete the questionnaire, sign off and give to the Banyan supervisor. All workers have the right to refuse work due to COVID-19 concerns.

Date:			Date:		
				Time:	
I,			, employed by_	, Company Name	
		Print Name		Company Name	
		related to the COVID nnaire prior to entering		s all employees and Workforce partners to complete	
Please	answer the fo	ollowing questions:			
1.	breath, diffic	Are you presently or have you in the last 14 days experienced symptoms such as fever, cough, shortness of breath, difficulty breathing, sore throat, muscle/joint pain, sneezing/congestion (not from seasonal allergies), alteration to smell/taste, gastrointestinal illness or unexplained fatigue?			
	YES 🗆	NO□			
2.	In the past 1	4 days, did you return	n via any air travel or from	travel outside the Province?	
	YES □	NO□			
3.	In the past 14 days, have you been in close contact with a sick person or someone diagnosed with COVID-19?				
	YES □	NO□			
4.	Do you have a pre-existing medical condition that puts you at higher risk for serious COVID-19 disease? (e.g. Diabetes, asthma, transplant, immune deficiency, respiratory illness, heart disease, etc.)				
	YES □	NO□			
	-	•		9 disease and are responsible to follow the Provincial e on site is at your sole discretion.	
Provinc	cial Health red	commendations, and		I understand and agree to abide by all Banyan polices es and policies. I agree to <u>immediately notify Banyar</u> ange.	
			Sig	nature:	