



Coronavirus (2019-nCoV) Screening Questionnaire

PRINT NAME: _____ Date _____

EMPLOYER: _____

Installation / Vessel : _____

We are closely monitoring the COVID-19 outbreak. In the interest of ensuring a healthy work environment, please carefully complete this screening questionnaire prior to traveling offshore.

Do ANY of the following questions currently apply to you?

- Have you travelled outside of Newfoundland in the past 14 days? **Yes** **No**
- Have you attended a gathering (> 10 people) since March 23? **Yes** **No**
- Do you have any of the following symptoms, Cough, Fever, Sneezing, Sore Throat, or Shortness of breath? **Yes** **No**
- Have you had close contact with a person diagnosed with COVID-19 or with an individual with an acute respiratory illness who has travelled outside of Newfoundland in the past 2 weeks **Yes** **No**
- Have you been refused boarding on an airline or marine vessel in the past 14 days because of a medical issue related to COVID-19? **Yes** **No**
- Are you the subject of a Provincial/Territorial/Local Public Health Order **Yes** **No**

Temperature reading:
(≥ 38°C with no use of Ibuprofen or Acetaminophen for 12 hours>

Result

- Employee meets criteria for possible COVID-19 and has been advised to self-isolate, contact 811 and notify employer representative.
- Employee meets criteria for further evaluation. Advised to contact their employer representative and to remain off work until cleared by a Company Health Provider.
- Employee does not meet the criteria for COVID-19 and has been advised to report for work.

Consent to participate and release of information: *By signing this consent, I agree to participate in the NL/NS Offshore Covid-2019 health screening and understand that this screening process and the collection of my personal information for the purpose of monitoring for health and safety risks during the COVID-19 pandemic. I understand that my personal information will be handled in accordance with applicable privacy legislation. I authorize AOMS to perform the screening and measure/record my temperature. I also consent to release the results of the screening and temperature measurement to my employer's occupational health Department or HR Representative.*

Name (Print):
Date:

Signature:

AOMS Representative: _____ Date: _____