



Avenue II – Office Staff or Office Visitor

Complete this self-assessment before entering the workplace

First name*

Last name*

*mandatory fields

Date: _____, I am NOT EXPERIENCING

And not related to known causes or existing conditions

- Fever and/or chills, Cough or barking cough.
- Shortness of breath, Decrease or loss of smell or taste.

I am not experiencing two or more of the following symptoms of muscle aches/joint pain, extreme tiredness, headache don't apply if you began to experience them only after being vaccinated to COVID-19 in the last 48 hours.

- Extreme fatigue, Muscle aches or joint pain, Nausea, Vomiting and/or diarrhea.
- Sore throat, Runny or congested nose, Headache.

Other symptoms that may be associated with COVID-19 and should be monitored, include: Abdominal pain, pink eye

I have not

- been told that I should be quarantining, isolating or staying at home by a health practitioner, public health unit, federal border agent or government authority.

In the last 10 days, I have not

- Tested positive on a PCR, rapid antigen test or home-based self-testing kit.

If you select "I decline" do not enter. Please contact a Manager or Director during office hours.

Please circle one:

I Confirm

I Decline

Signature: _____