

## Exhibition Place COVID-19 Screening Questionnaire

The safety of our employees, contractors, and visitors remain Exhibition Place’s highest priority. As the coronavirus disease 2019 (COVID-19) pandemic continues to evolve, Exhibition Place is monitoring the situation closely and will periodically update company guidance based on current recommendations from Toronto Public Health. Only business critical visitors are permitted within Exhibition Place facilities.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone throughout our facilities.

Contractor/Employee Name:		Company Contact Number:	
Company:		Contact:	
Location of Work:			
Duration of Work (expected):			
Self-Declaration by Contractor/Employee			
Q1	Do you have any of the following new or worsening symptoms or signs?*	Yes	No
	<ul style="list-style-type: none"> <li>• Fever or chills;</li> <li>• Cough;</li> <li>• Difficulty breathing or shortness of breath;</li> <li>• Sore throat, trouble swallowing;</li> <li>• Runny/stuffy nose;</li> <li>• Decrease or loss of taste or smell;</li> <li>• Nausea, vomiting, diarrhea;</li> <li>• Not feeling well, extreme tiredness, sore muscles</li> </ul>		
Q2	Have you had close contact with a confirmed or probable case of COVID-19 without wearing appropriate PPE?	Yes	No
Q3	Have you traveled outside of Canada within the last 14 days?	Yes	No

\* If you have an existing health condition that gives you the symptoms you should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your normal symptoms.

***If the answer is “yes” to any of the questions, access to the facility will be denied, go home & self-isolate. Call Telehealth or your health care provider, to find out if you need a test.***

Signature (visitor):

Date:

**Note: if you plan to be onsite for consecutive days, please immediately advise your contact if any of your responses change. The information collected on this form will be used to determine your access right to the facilities.**

**Access to facility (circle one):**

**Approved**

**Denied**

The following questions are used to screen for COVID-19 before entry into a workplace (business or organization) as per Ontario Regulation 364/20. They can also be used for other activities.

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Please list the full names of all employees visiting/working and attach the completed COVID-19 questionnaire for each person.

**COVID-19 Master Contractor/Employee List**

<b>PRINT NAME</b>	<b>SIGNATURE</b>

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