

## GN SAFETY SUPPLIES COVID-19 HEALTH SCREENING QUESTIONNAIRE AND FIT TEST PREPARATION

The health and safety of our employees, customers and families remains the top priority of GN Safety Supplies. Please complete this screening form to help prevent the spread of or exposure to COVID-19.

**Please fill out and submit prior to or bring to your fit test.**

We ask you to exercise safe social distancing guidelines of 6-feet, avoid handshakes and abide by current health guidelines to wash your hands or use hand sanitizer. We also require everyone in the fit test area to wear a cloth face covering (at minimum) before their test and/or while not being tested.

<b>Name:</b>	<b>Phone Number:</b>
<b>Company/Organization:</b>	<b>Email:</b>
<b>Date Requested for Fit Test:</b>	

<b>SELF DECLARATION</b>	
<b>Yes</b> <input type="checkbox"/>  <b>No</b> <input type="checkbox"/>	<b>1. Are you currently experiencing any of the following symptoms?</b>
	<ul style="list-style-type: none"> <li>• Fever (<math>\geq 38^{\circ}</math> Celsius)</li> <li>• New or worsening cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Chest pain or pressure</li> <li>• Headache that's unusual or long lasting</li> <li>• New onset of loss of sense of smell or taste</li> <li>• New onset fatigue or weakness</li> <li>• Diarrhea, nausea/vomiting, or abdominal pain</li> <li>• Unexplained loss of appetite</li> <li>• New onset of muscle or joint pain without a known cause (e.g. injury)</li> <li>• Sore throat or difficulty swallowing</li> <li>• Conjunctivitis (pink eye)</li> <li>• Nasal congestion or runny nose (not related to seasonal allergies or other known causes or conditions) (new onset; not related to a known cause or condition)</li> </ul>
<b>Yes</b> <input type="checkbox"/>  <b>No</b> <input type="checkbox"/>	<b>2. In the past 14 days, have you had close contact with someone who has COVID-19 (confirmed or probable)?</b>
<b>Yes</b> <input type="checkbox"/>  <b>No</b> <input type="checkbox"/>	<b>3. In the past 14 days, did you return from travel outside of the province or Canada and are not an exempted worker?</b>

**Continued on back**

**APPROVED** – If you answer “no” to these questions and plan to **proceed with your fit test**, please submit before if possible to minimize contact or print this document, complete and bring it with you.

**DEFERRED** – If you answer “yes” to any of the questions, we **respectfully request you reschedule** your fit test after the 14 days quarantine and resubmission of paperwork.

**NOTE:**

- ***All people being fit tested must be clean shaven and have all appropriate forms completed before the fit testing can begin.***
- ***The Fit Tester has the right to decline a fit test based off of safety protocols.***
- ***24hrs notice for cancellations.***
- ***Any booked Fit Test that is missed will have full charges applied.***

Signing this form confirms you have read and understand all of the contents of this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_