Resident [1] Health Assessment Form

Workplace safety remains one of Dwelling Place's highest priorities. To prevent the spread of COVID-19, we are conducting a simple screening questionnaire prior to staff entry into your residence. Your participation is required and important to help us take precautionary measures to protect you and others in our work places / properties.

Resident Name:	Personal Phone Number (mobile/home):
Property:	Name of Staff/Reviewer:
Date and time of entry:	

	Self-Declaration by Resident	
1	Are you experiencing any of the following symptoms:	
	Fever of 100.4 or higher[2] □ Yes □ No	Vomiting □ Yes □ No
	Sore throat □ Yes □ No	Abdominal pain □ Yes □ No
	Diarrhea □ Yes □ No	New uncontrolled cough that causes difficulty breathing □ Yes □ No
	New loss of taste or smell □ Yes □ No	New onset of a severe headache □ Yes □ No
2	Have you tested positive for COVID-19?[3] □ Yes □ No If yes, when? _____ Date of last symptoms: _____	
3	Have you had close contact within the last 14 days with someone diagnosed with COVID-19 or who has experienced COVID-19 related symptoms? □ Yes □ No	

Signature (resident): _____ Date: _____

Note: This form must be completed by each resident present on the day staff are on-site to work on a maintenance request and reviewed by a staff representative to determine access to the residence. The information collected on this form will be used only to determine whether staff can enter the residence.

Access to residence (circle one): Approved Denied

[1] For businesses or operations in the construction industry, manufacturing facilities, research laboratories, meat and poultry processing plants, or casinos, daily entry screening protocols are required for all individuals entering the worksite (e.g., not only employees and contractors).

[2] For businesses or operations in the construction industry, manufacturing facilities, research laboratories, meat and poultry processing plants, casinos, temperature screening is required. Employer to review local public health orders to determine whether temperature screening is required.

[3] Follow Maintenance Back to Work Protocol to determine when staff can return.