Contractor / Office Visitor [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 entry to our workplace. Your participation is required and important to help us take precautionary measures to protect you and others in our work places / properties.

Contractor / Office Visitor Name:	Personal Phone Number (mobile/home):
Company/Organization:	Name of Host (Staff or Reviewer):
Date and time of entry:	Office(s), Property or Properties to visit:

Self-Declaration by Contractor		
1	Are you experiencing any of the following symptoms:	
	Fever of 100.4 or higher □ 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? □ 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 (contractor/visitor): ____ Date: ______________________

Note: This form must be completed each day you are on-site and reviewed by a Dwelling Place representative to determine access to the office and/or property. The information collected on this form will be used only to determine whether you can enter the workplace.

Access to facility (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). (4/14/21)