



LUDGATE MANAGEMENT SERVICES INC.

DATE: _____

EMPLOYEE _____

LOCATION: 70 or 90 Landry

COMPANY _____

Do you currently have any COVID-19 related symptoms? (fever, chills, cough, difficulty breathing, sore throat, runny nose, loss of taste/smell, diarrhea, nausea, vomiting, abdominal pain or nasal congestion)?

Yes _____

No _____

In the last 14 days, have you had close physical contact with a person who was a confirmed or probable case of COVID-19? This does not include appropriately protected Health professionals or front line workers who had contact while in the performance of their duties.

Yes _____

No _____

In the last 14 days, have you traveled outside of Canada or have you close physical contact with a person who has returned from travel outside of Canada? This does not include work-related travel for those who are deemed essential workers by the government of Canada.

Yes _____

No _____

In the last 14 days, have you attended an event or gathering other than those which are permitted under Ontario's current re-opening phase? If yes, you must refrain from participating in any activity at a facility until 14 days have passed symptom-free.

Yes _____

No _____

By agreeing, I acknowledge that if at any time after submission of my form that if my health situation with respect to COVID has changed I will refrain from attending work.

I Agree _____

I Disagree _____

By agreeing, I acknowledge that all information provided above is accurate and I have agreed to follow the policies and procedures put in place by the Condo Corporations upon entering the building.

I Agree _____

I Disagree _____

If you answered YES to any of the screening questions above, go home & self-isolate right away. Visit [OttawaPublicHealth.ca/Coronavirus](https://ottawapublichealth.ca/coronavirus) for more information as you may be eligible for a COVID-19 test.

If feeling unwell, contact your health care provider or call Telehealth Ontario at 1-866-797-0000 to speak to a registered nurse.