



COVID-19 SCREENING QUESTIONNAIRE

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Due to the recent concerns related to the COVID-19 virus, we respectfully require all employees to complete the following questionnaire & review Cotton Protocols.

First Name _____ Last Name _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you experienced flu-like symptoms such as fever, cough, or shortness of breath?

Yes No

2. Has a member of your family experienced flu-like symptoms in the last 14 days such as fever, cough, or shortness of breath?

Yes No

3. In the last 14 days have you or a member of your family, travelled outside of Ontario or to a high-risk area for transmission of COVID-19?

Yes No

If yes, please list where and when you last travelled.

4. Have you been in close contact with anyone who has been confirmed positive for COVID-19, is under quarantine, or is currently being evaluated for the virus?

Yes No If yes, please explain _____

Any attempt to hide information or providing false information will be subject to disciplinary action.

Signature_____

Date_____

By signing this questionnaire, I acknowledge that I have read and understand the COVID-19 Protocols Cotton Inc has in place for my safety, the safety of my fellow workers and the public.

Please return completed form to Kelly or your Supervisor.

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