Phone: 1-877-202-0082
E-mail: info@oasisontario.on.ca
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OASIS
Ontario Association of
Sewage Industry Services.

SELF SCREENING CHECKLIST

In order to maintain the health and well-being of our staff, families and clients, we ask that you please complete the following self-screening checklist as honestly and accurately as possible.

In the past 14 days, have you or an immediate family member experienced any of the following? Indicate by circling 'Yes' or 'No'.		
Yes	No	**Fever** (>38°C)
Yes	No	**Cough** or difficulty breathing (congestion in either sinuses or lungs)
Yes	No	**Influenza-like illness** (body aches, sore throat, fatigue)
Yes	No	**Close contact with a person who is suspected or has been tested positive for COVID-19** (close contact is defined as having cared for, lived with, had face-to-face contact with, or having had direct contact with respiratory secretions and/or body fluids)
Yes	No	**Travel** to any country within the last 14 days
Yes	No	**Travel** to any town or city where there is a public health notice of COVID-19

If the employee answers "yes" to any of the above, please seek help from your medical doctor. Do not come in contact with other company employees.

Print Name & Sign: ________________________________

Date: ____