

150 KING STREET WEST
COVID-19 HEALTH DECLARATION

Form #K023

Before accessing 150 King Street West employees, service providers, and contractors **MUST** complete this Health Declaration and send it electronically to the Property Management Office. The purpose of the Declaration is to verify that workers are free (to the best of their knowledge) of COVID-19 symptoms, as well as other related restrictions in accordance with Public Health Ontario recommendations.

1. Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Fever or chills | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Difficulty breathing or shortness of breath | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cough | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Sore throat, trouble swallowing | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Runny nose/stuffy nose or nasal congestion | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Decrease or loss of smell or taste | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Nausea, vomiting, diarrhea, abdominal pain | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Not feeling well, extreme tiredness, sore muscles | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

2. Have you travelled outside of Canada in the past 14 days?

- Yes No

3. Have you had close contact with a confirmed or probable case of COVID-19?

- Yes No

- If you answer **NO to all questions from 1 through 3**, you can proceed to enter the workplace/building.
- If you answer **YES to any questions from 1 through 3**, you **will not be allowed** to enter the workplace/building (including any outdoor, or partially outdoor, workplaces). You should go home to self-isolate immediately and contact your health care provider or Telehealth Ontario (1 866-797-0000) to find out if they need a COVID-19 test.

Name: _____ Date: _____ Signature: _____

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Section below applicable to service providers and contractors only.

Project Name:		Date:	
Tenant Name:		Access Areas/Floors:	
Contractor Name:		Work Description:	
Site Supervisor:		Signature:	

LIST ALL CREW ON SITE
(The above signatory of this Declaration signs on behalf of the following people)

This form must submitted in advance with Health & Safety Policy and COVID-19 Protocols to
150kingquestionnaire@bentallgreenoak.com