

DM+H ACCESS SCREENING QUESTIONNAIRE

FILL OUT THIS MANDATORY QUESTIONNAIRE TO DETERMINE IF YOU SHOULD BE ENTERING OUR FIRM TODAY

Risk Assessment: Initial Screening Questions:

CIRCLE ONE OF "YES" OR "NO" TO EACH QUESTION AND BULLET BELOW WHERE INDICATED

1. Do you have any of the below symptoms:

• Fever (greater than 38 degrees)	YES	NO
• Cough	YES	NO
• Shortness of breath/breathing difficulties	YES	NO
• Other symptoms such as muscle aches, fatigue, headache, sore throat, runny nose, diarrhea. *Note symptoms in young children may be non-specific – e.g. lethargy, poor feeding	YES	NO

2. Have you travelled outside of Canada in the last 14 days? YES NO

3. Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever? YES NO

4. Have you been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19? YES NO

5. Have you had laboratory exposure while working with specimens known to contain COVID-19? YES NO

6. If you are an essential worker with appropriate PPE please note your occupation:

IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS OR BULLETS, PLEASE DO NOT ENTER OUR FIRM AT THIS TIME.

If you have answered “No” to all the able questions and bullets, please print your name, sign and enter the date below and give the completed questionnaire to our receptionist.

If you are permitted to enter our firm premises, please make sure you sign in and out and practice hand hygiene (i.e. wash your hands for 30 seconds and/or use hand sanitizer) before and after your meeting.

Our goal is to minimize the risk of infection to yourself, our firm and others who attend at our office, and we thank you for your understanding, support and cooperation.

Name (Printed): _____

Phone Number: _____

Signature: _____

Lawyers Name: _____

Date: _____

Time of appointment: _____