



COVID-19 CONTRACTOR RISK ASSESSMENT FORM

To curb the spread of COVID-19, all contractors arriving at Millar Western facilities are asked to self-assess for risk factors, as defined by Alberta Health Services. Please answer the following questions:

1. Are you experiencing any of the following COVID-19 symptoms?

- Fever **Yes** **No**
- Chills **Yes** **No**
- New cough or worsening of a chronic cough
Yes **No**
- New or worsening shortness of breath or difficulty breathing **Yes** **No**
- Sore throat/painful swallowing **Yes** **No**
- Stuffy or runny nose **Yes** **No**
- Headache **Yes** **No**
- Muscle or joint aches **Yes** **No**
- Feeling unwell in general, or new fatigue or severe exhaustion **Yes** **No**
- Gastrointestinal symptoms including nausea, vomiting, diarrhea or unexplained loss of appetite **Yes** **No**
- Loss of sense of smell or taste **Yes** **No**
- Conjunctivitis, commonly known as pink eye **Yes** **No**

2. Have you traveled outside the country in the last 14 days¹? **Yes** **No**

3. Do you live with and/or have been in close contact² with an individual who has any of the symptoms listed above and/or who has traveled outside of the country in the past 14 days?
Yes **No**

If you have answered “no” to all questions, please sign the acknowledgement below and proceed with your visit.

If you have answered “yes” to any questions, please do not proceed with your visit. Notify your supervisor and Millar Western contact, to discuss next steps.

¹ **Exception:** The federal government has declared commercial truck drivers essential workers who are exempt from the requirement to self-isolate for 14 days upon entering Canada.

² **Close contact** is defined as (a) being within approximately 6 feet (2 meters) of an infectious individual for a prolonged period of time, such as while working beside, living with, caring for, or visiting the individual; or (b) having direct contact with bodily fluids of an infectious person (e.g. being coughed or sneezed on) while not wearing personal protective equipment.

ACKNOWLEDGEMENT

I have read the COVID-19 Contractor Risk Assessment Form and confirm that none of the risk factors applies to me.

Date: _____ Company: _____

Print Name: _____ Signature: _____

Site Contact Name: _____