



COVID-19 VISITOR RISK ASSESSMENT FORM

To curb the spread of COVID-19, all visitors to Millar Western facilities are asked to self-assess for risk factors, as defined by Alberta Health Services. Please check any risk factors below that apply to you:

- Are you currently experiencing any of the following COVID-19 symptoms?
 - Fever (above 38°C) **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**
- Have you traveled outside the country in the last 14 days¹? **Yes** **No**
- Do you live with and/or have you 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, we ask that you please reschedule your visit to another day. Please get in touch with your Millar Western contact to make new arrangements.

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 Visitor Risk Assessment Form and confirm that none of the risk factors applies to me.

Date: _____ Company: _____

Print Name: _____ Signature: _____

Site Contact Name: _____