

# GOVERNMENT OF ONTARIO NEW COVID-19 SCREENING REQUIREMENTS

Prior to entering the premises please review the questions below and if you answer “yes” to any of the following, please do not enter. Contact your supervisor immediately along with your local Public Health body.

Employee name: \_\_\_\_\_

Item	Assessment Questions	Yes	No
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, difficulty breathing or shortness of breath, cough, sore throat, trouble swallowing, runny nose/stuffy nose or nasal congestion, decrease or loss of smell or taste, nausea, vomiting, diarrhea, abdominal pain, not feeling well, extreme tiredness, sore muscles.)		
2	Have you travelled outside of Canada in the past 14 days?		
3	Have you had close contact with a confirmed or probable case of COVID-19?		

Your privacy is very important to us. Any personal information collected from you will be used by The Cadillac Fairview Corporation Limited (“CF”) for COVID-19 screening management purposes. For more information regarding our collection, use and disclosure of personal information, please refer to our privacy policy.

If you have a privacy question or concern, you may contact Cadillac Fairview’s Chief Privacy Officer at 416-598-8200 or [cfprivacy@cadillacfairview.com](mailto:cfprivacy@cadillacfairview.com).

I have read and acknowledge the above privacy statement and consent to the collection, use and disclosure of my personal information for the purposes stated therein.

