



CKP COVID-19 HEALTH SCREENING CHECKLIST

A. COVID-19 Risk of Exposure:			
IN THE PAST 14 DAYS, HAVE YOU BEEN IN CONTACT WITH SOMEONE WHO IS CONFIRMED TO HAVE COVID-19, OR HAVE YOU BEEN CONTACTED BY MANITOBA HEALTH FOR EXPOSURE OF COVID-19 CONTACT TRACING?	YES	NO	
IN THE PAST 14 DAYS, HAVE YOU BEEN IN A SETTING IDENTIFIED AS A RISK OF ACQUIRING COVID-19, SUCH AS A FLIGHT, A WORKPLACE WITH A KNOWN CLUSTER OF COVID-19 CASES, OR AN EVENT?	YES	NO	
B. Travel Outside of Manitoba			
IN THE PAST 14 DAYS, HAVE YOU TRAVELLED OUTSIDE OF MANITOBA?	YES	NO	
DO YOU QUALIFY FOR EXEMPT PERSONS ENTERING MANITOBA AS SPECIFIED BY THE JUNE 12, 2021, MANITOBA COVID-19 ORDERS UNDER THE PUBLIC HEALTH ACT? (Note: verification of exception may be required by CKP) Please Indicate Exemption: (ex. Fully Immunized) _____	YES	NO	
C. Are you currently suffering from or experiencing any of the following symptoms? If "Yes" please indicate any or all of the symptoms.			
NOTE: Pre-existing medical condition is a medical condition you are aware of and is unrelated to COVID-19. (For example: allergies, sinus issues, migraine headaches, or symptoms related to side effect(s) from medication, etc.)			
NON-PRODUCTIVE (DRY) COUGH	YES	NO	Pre-Existing
SHORTNESS OF BREATH OR BREATHING DIFFICULTIES	YES	NO	Pre-Existing
FEVER >38° OR SUBJECTIVE FEVER	YES	NO	Pre-Existing
LOSS OF TASTE OR LOSS OF SMELL	YES	NO	Pre-Existing
VOMITING OR DIARRHEA FOR MORE THAN 24 HOURS	YES	NO	Pre-Existing
D. Are you experiencing any of the symptoms listed below that may be related to COVID-19?			
FATIGUE	YES	NO	Pre-Existing
NAUSEA OR LOSS OF APPETITE	YES	NO	Pre-Existing
SORE THROAT OR HOARSE VOICE	YES	NO	Pre-Existing
MUSCLE OR BODY ACHES	YES	NO	Pre-Existing
HEADACHE	YES	NO	Pre-Existing
RUNNY NOSE	YES	NO	Pre-Existing
SKIN RASH OF UNKNOWN CAUSE	YES	NO	Pre-Existing
CONJUNCTIVITIS (PINK EYE)	YES	NO	Pre-Existing

*If your response is "YES" to any question listed in Section A. access will be denied. If your response is "YES" to any question listed in Section B. and you qualify for exemption as a person specified by the MB COVID-19 ORDERS UNDER THE PUBLIC HEALTH ACT. Access will be granted with proper verification. **You must contact your supervisor if your response is "YES" to any question overall.**

*If your response is "YES" to any question listed in Section C. or D. (regarding COVID-19 symptoms), access to CKP Mill Site will be denied and you must contact your supervisor. Once contact is made, your supervisor will inform you to contact Manitoba Health Links for further direction. (Manitoba Health Links: 1-888-315-9257 or on line <https://sharedhealthmb.ca/covid19/screening-tool/>)

*If the response to all questions listed above is "NO" or "Pre-Existing", this form is to be returned to your supervisor daily prior to start of shift.

I attest that the answers I have provided are honest and accurate.

Please check one of the following

NAME: <small>(print)</small>	DATE:
SIGN:	
DEPARTMENT:	COMPANY:
SUPERVISOR:	

CKP EMP #
CONTRACTOR

Note: All personnel required to complete the checklist daily. Please remember to take a copy of the CKP Health Screening Checklist at the end of each shift.