



**Statement of Health**

For Pine Profiles Inc. to provide a safe workplace & remain compliant with WorkSafe BC requirements & any standing provincial health orders please complete the following questions truthfully & honestly regarding the COVID – 19 Virus.

**Purpose at Pine Profiles Inc.**

<input checked="" type="checkbox"/> Visitor / Customer	<input checked="" type="checkbox"/> Working Visitor
<input checked="" type="checkbox"/> New hire / employee	

**Do you have, or have you had any of the following symptoms within the last 14 days?**

- Severe difficulty breathing (e.g., struggling to breath or speaking in single words)
- Severe chest pain
- Having a hard time waking up
- Feeling confused
- Losing consciousness

Yes       No

**Are you experiencing any of the following?**

- Mild to moderate shortness of breath
- Inability to lie down because of difficulty breathing.
- Chronic health conditions that you are having difficulty managing because of difficulty breathing.

Yes       No

**Are you experiencing cold, flu or mild COVID like symptoms?**

- Symptoms of Fever, chills, cough or worsening cough
- Mild shortness of breath, sore throat, runny nose,
- Loss of smell, taste, fatigue, diarrhea, loss of appetite, nausea, vomiting, muscle aches
- Stuffy nose, pink eyes, dizziness, confusion abdominal pain, skin rashes

Yes       No

**Have you traveled to any countries outside of Canada (including the United States) within the last 14 days?**

Yes

No

**Have you provided care or have close contact with a person with confirmed COVID – 19?**

Yes

No

By signing my name below, I acknowledge I have answered all the above questions honestly & truthfully and understand the need to keep all persons safe. This is a true reflection of my health in regard to the COVID – 19 virus.

<b>Name</b> (Please print)	<b>Signature</b>	<b>Date</b> (yyyy-mm-dd)