

GC19-02-GREEN COVID-19 TRAINING SCREENING QUESTIONNAIRE

The safety of our training participants, trainers, employees, partners, customers, families and visitors remain GREEN Solar Academy priority. As the COVID-19 pandemic continues, we are monitoring the situation closely and the following questions are there to assist us to prevent the spread of the COVID-19 and reduce the potential risk of exposure to our workforce and client, we are asking everyone to complete and submit this questionnaire prior to commence of the first training day.

We will not allow you to participate in the training if one of the questions below is answered with “yes”. Please bring the complete GC19-02 form with you on the first training day and give it to the GREEN trainer who performs the temperature check. Please do not enter the training room until your entry has been approved by the GREEN trainer who performs the temperature check.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other employees and clients.

Training ID:	
First training date:	
Name, Surname:	
Address:	
Phone Number (mobile):	

1. Are you currently experiencing, or have you experienced in the past day, any of the following symptoms? (Please take temperature before you answer this question.)

Fever 37.8° C or greater as measured by thermometer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cough	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shortness of breath or difficulty breathing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sore throat	Yes <input type="checkbox"/> No <input type="checkbox"/>
Loss of taste or smell	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nausea	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhea	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vomiting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Head or muscle aches	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. In the past 14 days, have you been near anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. In the past 14 days, have you been near anyone who has tested positive for COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been tested for COVID-19 and are waiting to receive test results?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. In the past 14 days, have you been on a commercial flight or travelled outside of your province?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. In the past 14 days, have you been near anyone who has been on a commercial flight or travelled outside your province?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explanation: _____

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to your manager or your human resources representative.

To be completed by the GREEN Trainers

Date:	
Name of GREEN Trainer:	
Temperature reading:	
In possession of all COVID-19 PPE	Yes <input type="checkbox"/> No <input type="checkbox"/> If "no" then no access to site
Access to start training (circle one):	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Signature of the GREEN Trainer:	