DIXON
MJ DIXON CONSTRUCTION LIMITED

COVID-19 Screening Questionnaire

Visitor/Contractor/Employee: ______________________

Location/Site: ___________________________________

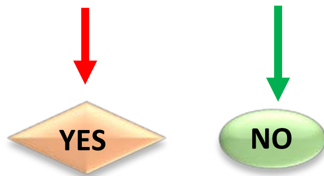
Week: ____________________ to ___________________
(Start) (End)

Supervisor Name: ________________________
(Print)

Supervisor Signature: _____________________

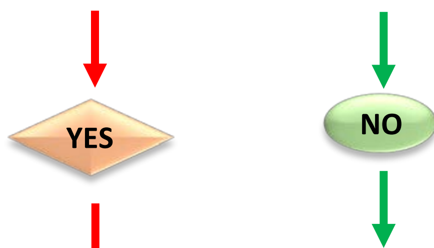
Are you experiencing any of the following symptoms?

- ❑ Temperature over 38°C/100°F
- ❑ Cough or difficulty breathing
- ❑ Flu like symptoms or Respiratory syndrome (e.g. Acute respiratory distress syndrome)

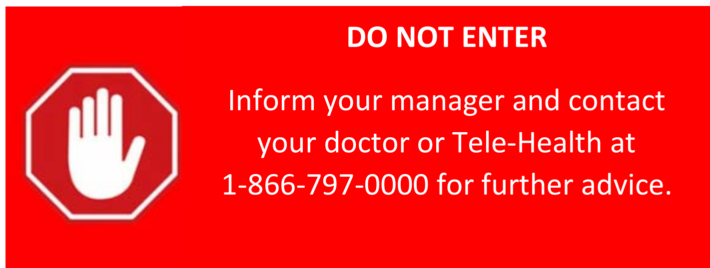


In the past **21 days** have you:

- ❑ Traveled outside of Canada by air or ground
- ❑ Had close contact with someone who traveled outside of Canada
- ❑ Had close contact with someone who has or is presumed to have COVID-19
- ❑ Traveled on a cruise ship



Sign in and Enter



Daily Initials							
Name	S	M	T	W	T	F	S

NOTE: All employees, contractors and visitors are required to fill in this form daily and submit to the M.J. Dixon representative at the end of the week.