

# COVID-19 Exit Interview

Company Name: \_\_\_\_\_

## Are you experiencing any of the following symptoms? (Y/N)

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)?
- Severe chest pain?
- Having a very hard time waking up?
- Feeling confused?
- Losing consciousness?
- 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?
- Experiencing cold, flu or COVID-19 symptoms (fever, chills, cough or worsening of chronic cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches, stuffy nose, conjunctivitis (red eyes), dizziness, confusion, abdominal pain, skin rashes or discoloration of fingers or toes?)

## Have you? (Y/N)

- Travelled to any countries outside Canada within the last 14 days?
- Did you provide care or have close contact with a person with confirmed COVID-19?

## While flying please ensure you (check once reviewed with worker):

- Maintain 2m physical distancing whenever possible
- Wear a mask (especially while in the airplane) if you cannot maintain 2m physical distance
- Wash hands frequently/use hand sanitizer especially before eating/drinking
- Do not touch your face
- While waiting for flights in airports try to avoid groups of people
- Cough into your elbow

- Worker was given a copy of the "Questionnaire of Identification of Risk Factors in Travelers"

Signature:	_____
Worker Name:	_____
Date:	_____

Signature:	_____
Supervisor Name:	_____
Date:	_____