



COVID-19 Questionnaire – for Employees Returning to Work After Travelling Outside of BC.

Name _____ Project Number _____

Date of Departure from BC _____ Date of Return to BC _____

Provinces Visited Outside of BC _____

Method/s of Travel (e.g. plane, personal vehicle) _____

BCCF Work Location/s in BC _____

1) Have you travelled outside of Canada during the past 14 days?

Yes No

2) Do you have any signs or symptoms of COVID-19, including fever, cough, sore throat, shortness of breath, runny nose and/or headache?

Yes No

3) Have you had close contact with anyone with a suspected or confirmed case of COVID-19 in the past 14 days?

Yes No

4) Were you able to maintain physical distancing during your trip outside of BC?

Yes No

5) Please describe any COVID-19 safety measures you followed during your trip outside of BC (e.g. limited social interactions, physical distancing etc.)

Signature _____

Date _____

Please submit this questionnaire to your Project Coordinator before returning to work. If you answered “Yes” to questions 1, 2 or 3, or “No” to question 4, you will need to discuss self-isolation requirements and possibilities for modified work duties.