Medical questionnaire COVID-19 intended for
Visitors / Contractors / truckers

Name : _____ Company : _____

Tel : _____

This information will remain confidential and will be forwarded to our health service.

Please answer these questions :

1. Have you, or have you had one of the following symptoms, during the last 14 days?

Please check: Fever ☐ Cough ☐ Respiratory difficulties ☐

Abnormal fatigue ☐ Abnormal shortness of breath ☐

Muscle stiffness unexplained diffuse ☐

2. Have you been in contact with a person with the symptoms mentioned above or is a carrier of the coronavirus COVID-19?

Yes ☐ No ☐

3. Have you travelled in another country during the last 14 days?

Yes ☐ No ☐

This questionnaire will be destroyed in 30 days.

By signing this questionnaire you certify that these information are accurate.

Signature: _____ Date : _____

Send by email to operations@valport.ca or by fax to 450.377.2521