



The Gardens

COVID-19: Health Screening for Service Providers/Contractors

COVID-19 Protocol

The health and safety of our residents, management, staff, and contractors is our top priority.

In fulfilling the Corporation's functions and duties under the *Condominium Act, 1998*, all contractors and service providers entering the Corporation are asked to complete, sign and return this questionnaire. Service providers who do not complete this screening form will not be granted access into the condominium. All personal health information is collected solely for the purpose of controlling or restricting the spread of the COVID-19 virus within our complex.

Owners/occupants are responsible to have contractors and service providers complete this form and must provide it to management prior to work commencing or to service being provided. The form can be sent by email to our property manager vince@apollomgt.com.

Name of Owner/occupant: _____

Tower (85 or 95): _____ Unit # _____

Service provider/contractor name: _____

Service provider / contractor's company name: _____

Date the contractor/service provider will access the Corporation: _____

General description of work / service provided: _____

Date the form is complete _____, 2020

Owner/occupant's signature : _____

Phone number to reach the owner/occupant if required: _____



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Health Screening Questionnaire: To be completed by contractor/service provider. Use a different form for each contractor, employee or service provider.

1. Are you **currently** experiencing any of the following COVID-19 related symptoms **(even if just mildly)**?

- Fever (higher than 38 degrees C or higher than 100.4 degrees F)
- Onset or worsening of existing cough
- Shortness of breath or difficulty breathing
- Sore throat, hoarse voice, or difficulty swallowing
- Runny nose, sneezing, or nasal congestion

YES NO

2. Have you experienced any of the above symptoms **within the last 14 days**?

YES NO

3. Have you, in the last 14 days, returned from international travel (by air, sea or land)?

YES NO

4. Were you asked to self-isolate by a health-care professional, and have not yet completed the mandatory 14-day self-isolation period?

YES NO

5. Have you been tested for COVID-19 and are awaiting the laboratory result?

YES NO

6. Have you, **in the past 14 days**, had any of the following contacts?

- Close contact with a confirmed case of COVID-19
- Close contact with someone who is presumed positive for COVID-19
- Living with someone who has exhibited COVID-19 related symptoms
- Living with someone who has returned from an international trip during the past 14 days
- Living with someone who has been asked by a health professional to self-isolate due to COVID-19

YES NO

If you have answered “yes” to any of the above questions, you will **not** be granted access to the premises of our Corporation.



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COVID-19 Health Protocol

At all times while providing services at the Corporation, be it on-site or otherwise, I hereby agree to abide by all health precautions **as recommended by Ottawa Public Health**, including but not limited to:

- Practicing physical distancing — staying six feet (2 meters) away from others;
- Sneezing and coughing into your sleeve or elbow;
- Wearing a mask over your nose, mouth and chin while on interior common areas;
- Washing hands with soap and water frequently (for at least 20 seconds);
- Cleaning and disinfecting tools and high-touch surfaces frequently;
- Not attending our site if you are sick or exhibiting any of the symptoms identified in question #1 above, even if mildly;
- Not attending our site if your answers to any of the above questions change; and,
- Self-isolating, as necessary, in accordance with public health requirements.

Conditions and Restrictions

I agree and undertake to abide by the following precautions and conditions **required by the Corporation**:

- Only one trade is allowed at any given time in the unit, unless prior permission is obtained from management;
- There shall not be more than five (5) workers in the unit at any time;
- Personal protective equipment (PPE), such as a mask or face covering must be worn by all contractors/service providers when entering and leaving the building as well as when in common areas. Such mask must be made of cloth or other suitable material and must cover the nose, mouth and chin without gapping and must be in contact with the surrounding face without gapping;
- Contractors, service providers and their trades, agents and employees must minimize to the greatest extent possible their use of elevators, respect the policy of not sharing the elevators with other users and give priority to residents;
- All use of the elevator must be coordinated with the building manager in advance of usage so that he has time to notify residents when the elevator will not be available to them and so that there is time to disinfect, clean and return the elevator to residential use;



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- Contractors and service providers must use washroom facilities within the unit and are not to use the Corporation's common washrooms;
- Work and noise may not commence before 9:00 am and must be concluded by 4:30 pm each day;
- The work must not result in nuisance or disruption to the other residents, whom, for the most part, are confined to their units all day due to the health restrictions; and,
- **Contractors and service providers, as well as their trades, agents and employees who attended our property must immediately advise management should they develop or exhibit any COVID-symptoms (even if mild) within 15 days of having attended the property.**

Failure to abide by the above conditions will result in an immediate suspension of access to the Corporation's property.

I, _____ (Print Name), have completed the **Health Screening Questionnaire** honestly and to the best of my knowledge and agree to comply with the condominium's **COVID-19 Health Protocol** and the **Corporation's conditions and restrictions**. I have been given the opportunity to ask any questions of the condominium's manager/agent.

Signature: _____.

Name: _____.

Phone number: _____

Date: _____

**This form must be returned to management (vince@apollomgt.com)
prior to any service being provided at the corporation.**