

## APPENDIX A – Health Check and Authorization Form for Visitors

Name of Visitor: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Contact Person at VIA Rail: \_\_\_\_\_

Reason for Visit / Services to be Rendered: \_\_\_\_\_

Date and Time of Visit\*: \_\_\_\_\_

\* The Health Check Screening Questions in **Section 1** must be valid no more than two hours before entering any VIA Rail property during one (1) visit.

<b>SECTION 1 – Health Check Questions</b> (to be completed by the visitor)	<b>YES</b>	<b>NO</b>
1. Do you have a fever?		
2. If you have entered Canada in the last 14 days (including the United States), are you subject to a quarantine order?		
3. Have you been in close contact <sup>i</sup> with someone who has or is suspected of having COVID-19 <sup>ii</sup> in the last 14 days?		
4. Do you have a provincial or local public health order preventing you from leaving your home or are you awaiting test results for COVID-19??		

<b>SECTION 2 – On-Site Requirements</b> (to be completed by the visitor) <b>To be authorized on-site you must agree to comply with <u>all</u> the following requirements:</b>	<b>PLEASE CONFIRM</b> ✓
1. Personal Protective Equipment (PPE) such as <b>masks</b> and <b>gloves</b> , as required in <a href="#">Procedure # 07 – Wearing of PPE in the event of Pandemic</a>	
2. Sanitary measures such as the frequent cleaning/disinfection of hands, sneezing in one’s elbow as outlined in <a href="#">Procedure # 11 – Sanitary Measures</a>	
3. Physical distancing requirements of <b>6ft/2m</b> as described in <a href="#">Procedure # 04 Physical Distanciation</a>	
4. Self-Screening requirements as outlined in <a href="#">Procedure # 8 – Employee Self-Screening</a>	
5. Self-Isolation and Contact Tracing requirements described in <a href="#">Procedure # 12 – Exposure &amp; Transmission</a>	

The above referenced documents are available on [viarail.ca](http://viarail.ca). If the visitor is unable to comply with, or, unaware of the requirements within these documents, they must not enter the property and communicate with their contact.



**SECTION 5 – CONFIRMATION**

As the situation evolves, you may have to abide with additional measures that will be communicated to you in a timely manner. We thank you in advance for your understanding.

I, \_\_\_\_\_ will comply with all the applicable requirements above.  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE\*)

\_\_\_\_\_  
(DATE)

\*Submitting the above form electronically via email may serve as an appropriate electronic signature.

Version	Description of the main changes	Effective Date
1.0	<i>New Form</i>	June 14, 2020
2.0	<i>Updated to new format with additional questions and requirements along with references to applicable procedures</i>	October 29, 2020
3.0	<i>Adjusted following Team Feedback (removed section 2, only fever, etc.)</i>	November 26, 2020

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<sup>i</sup>  
Having breached the 2-metre physical distancing requirement for 15 minutes or more (continuous or cumulative); or  
A person living in the same household as someone; or  
Sharing of items (tools or devices) without proper protection (i.e. gloves) or that have not been sanitized in the last 72 hours; or  
Sharing a workspace without proper protection (i.e. gloves) that has not been sanitized within the last 72 hours.

<sup>ii</sup> Someone who has a fever and a cough or fever and difficulty breathing.