



COVID-19 SCREENING QUESTIONNAIRE

The safety of our employees, tenants, suppliers and families remains Crystal Properties’ priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure, we require this simple questionnaire to be completed prior to performing any maintenance in your suite. Thank you for your anticipated cooperation.

Suite # _____

Date a Maintenance Tech will enter your suite: _____
SUBJECT TO RESCHEDULING

Description of work that will be completed: _____

Should you fail to submit this form to your Resident Manager prior to the scheduled maintenance date noted above, we will reschedule your maintenance request for a later date.

Crystal Properties Ltd will only enter your suite after this form has been completed, signed and returned to your Resident Manager.

1. Has anyone in your home experienced any cold, flu-like symptoms or fever in the last 14 days?

Yes No

2. Has anyone in your home travelled or had close contact with anyone that has travelled outside of Manitoba in the past 14 days?

Yes No

3. Has anyone in your home had close contact with anyone with respiratory illness, confirmed or probable case of COVID-19?

Yes No

4. Have you ever tested positive for COVID-19? If yes, please complete question 5.

Yes No

5. Since testing positive for COVID-19 are you still in quarantine or recovered?

a) When did you test positive? _____

b) What is your last day of quarantine? _____

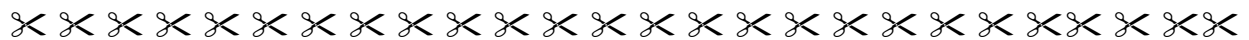
c) Have you fully recovered? _____

Changes in household health status prior to your scheduled maintenance date MUST be reported to the Resident Manager immediately. Anyone found to be providing false information here-in, will be reported to the Province of Manitoba’s COVID Tip Line.

Tenant Name: _____

Date received by Resident Manager:

Tenant Signature: _____



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Tenant Copy