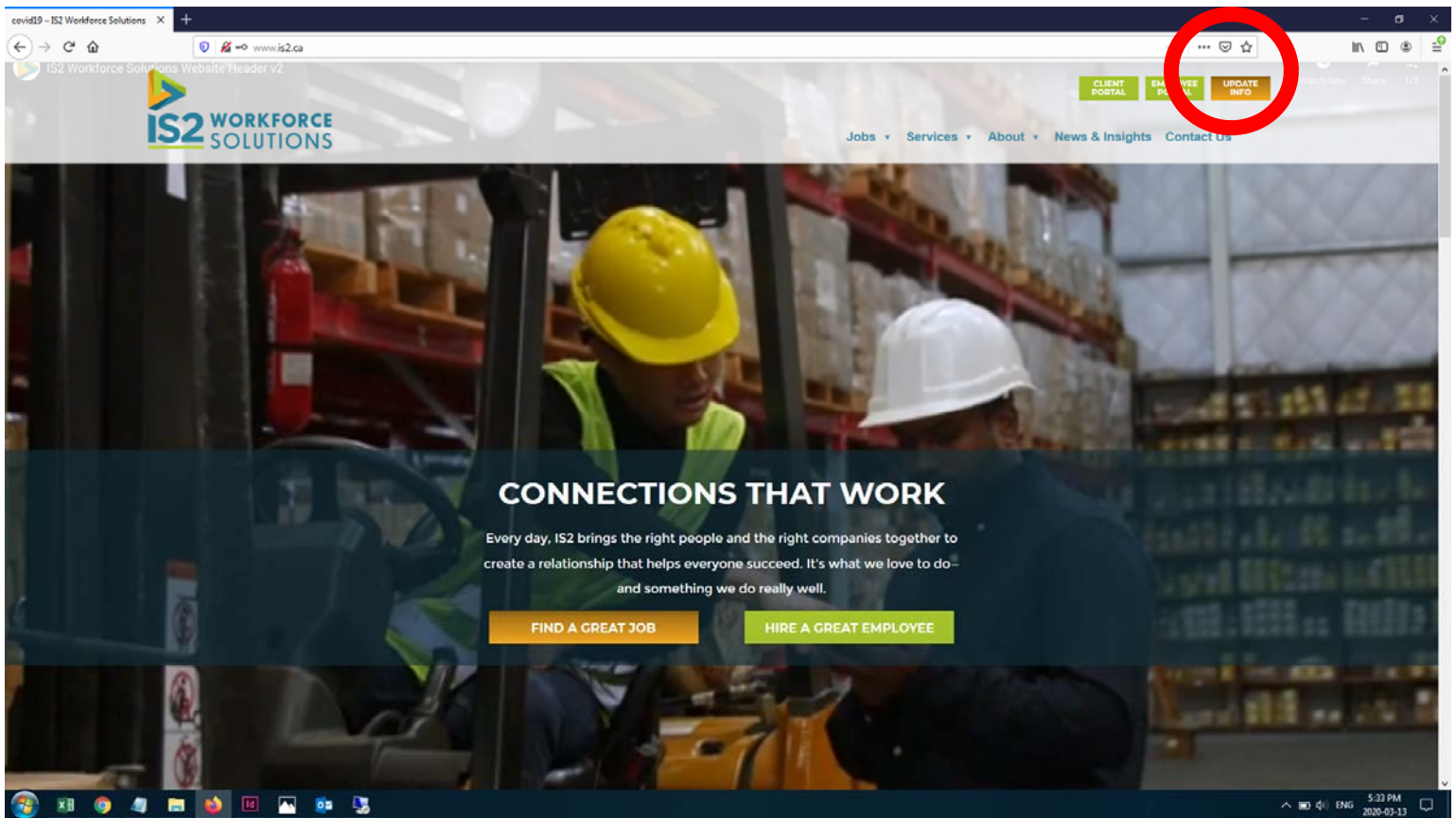
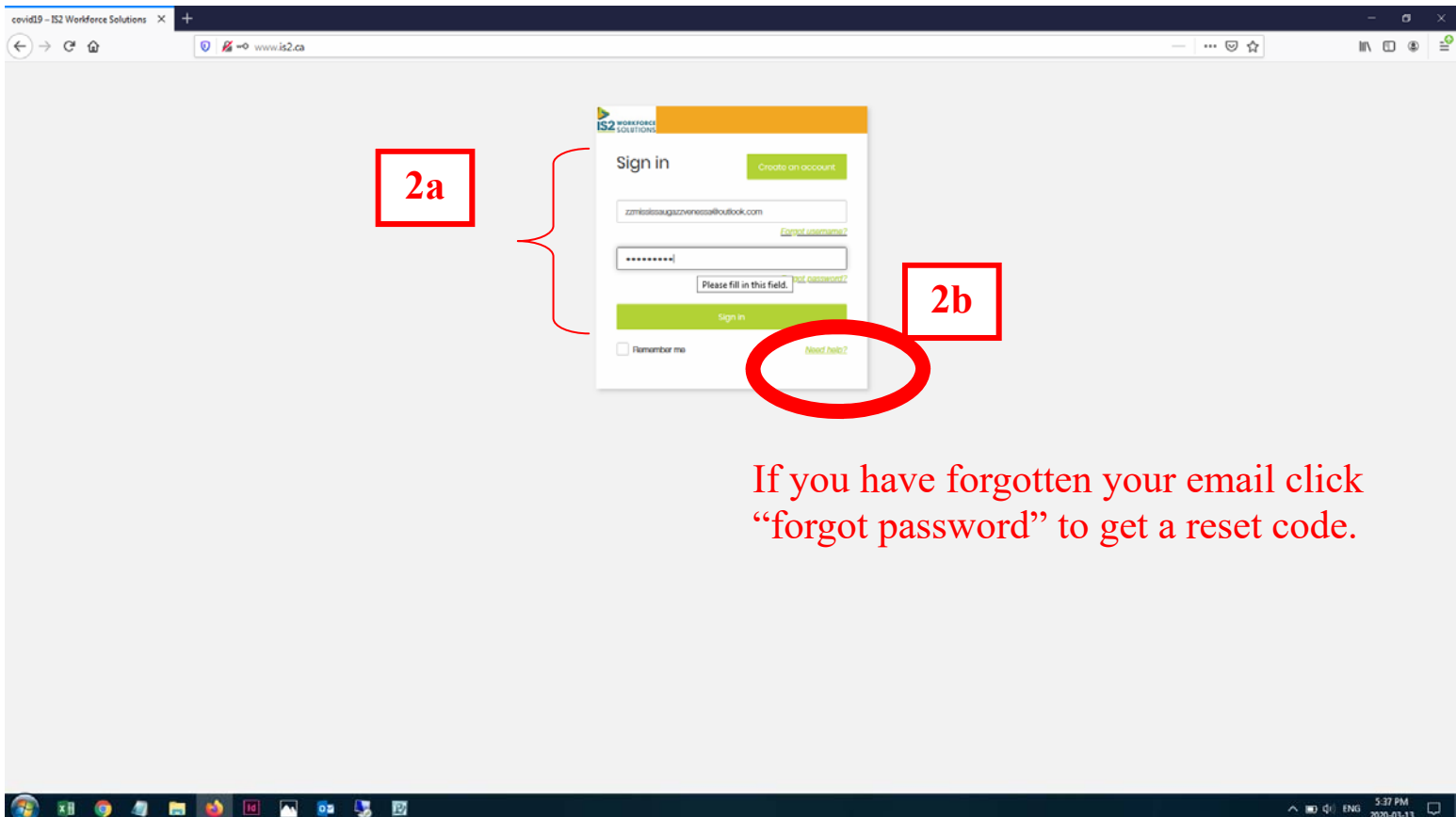


Step 1) Go to [www.is2.ca](http://www.is2.ca) and click UPDATE INFO



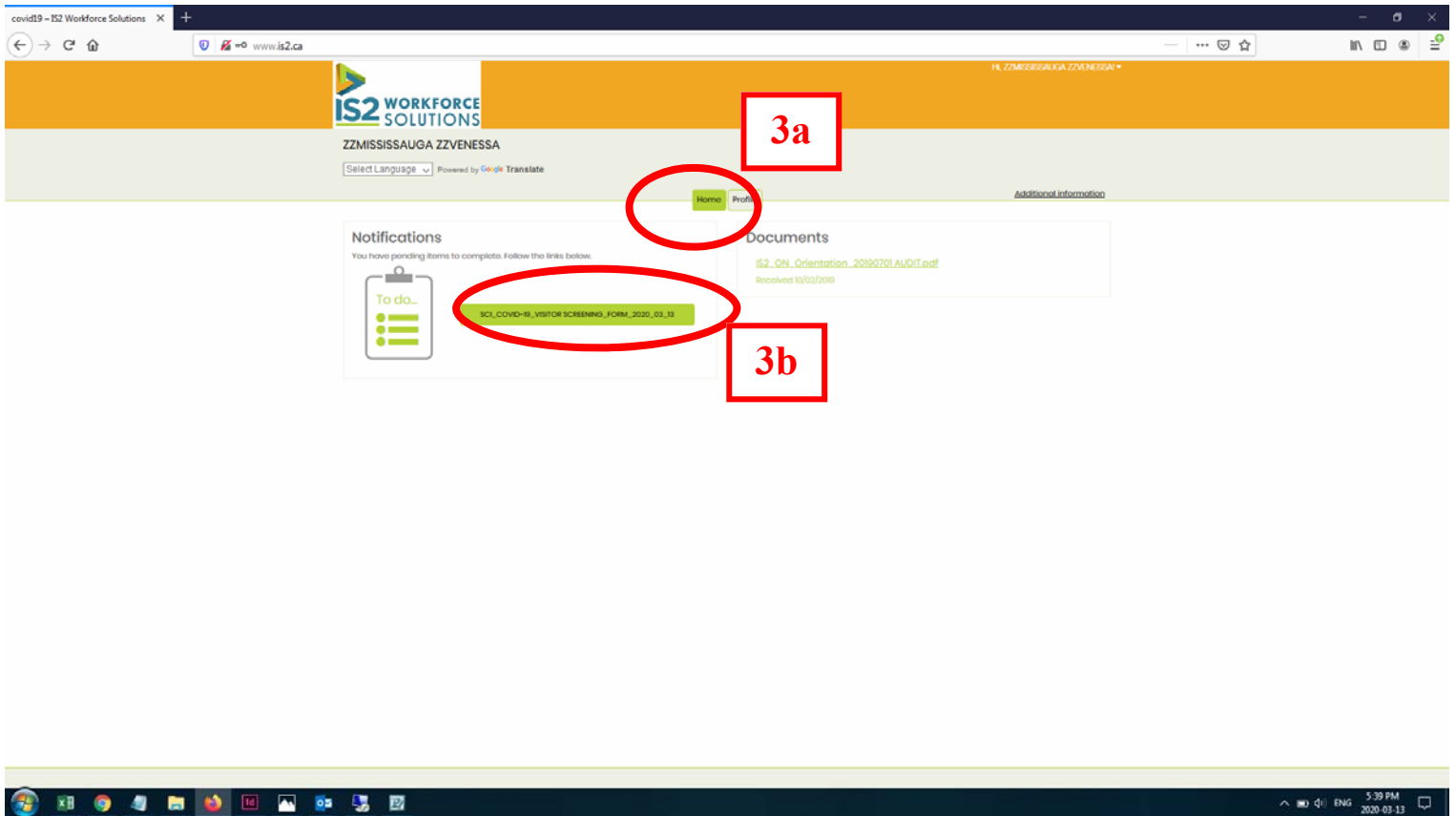
Step 2a) Login to the Portal. Usually your email will be your username.

Step 2b) If you have forgotten your username, click “forgot password” to get a reset code by email.

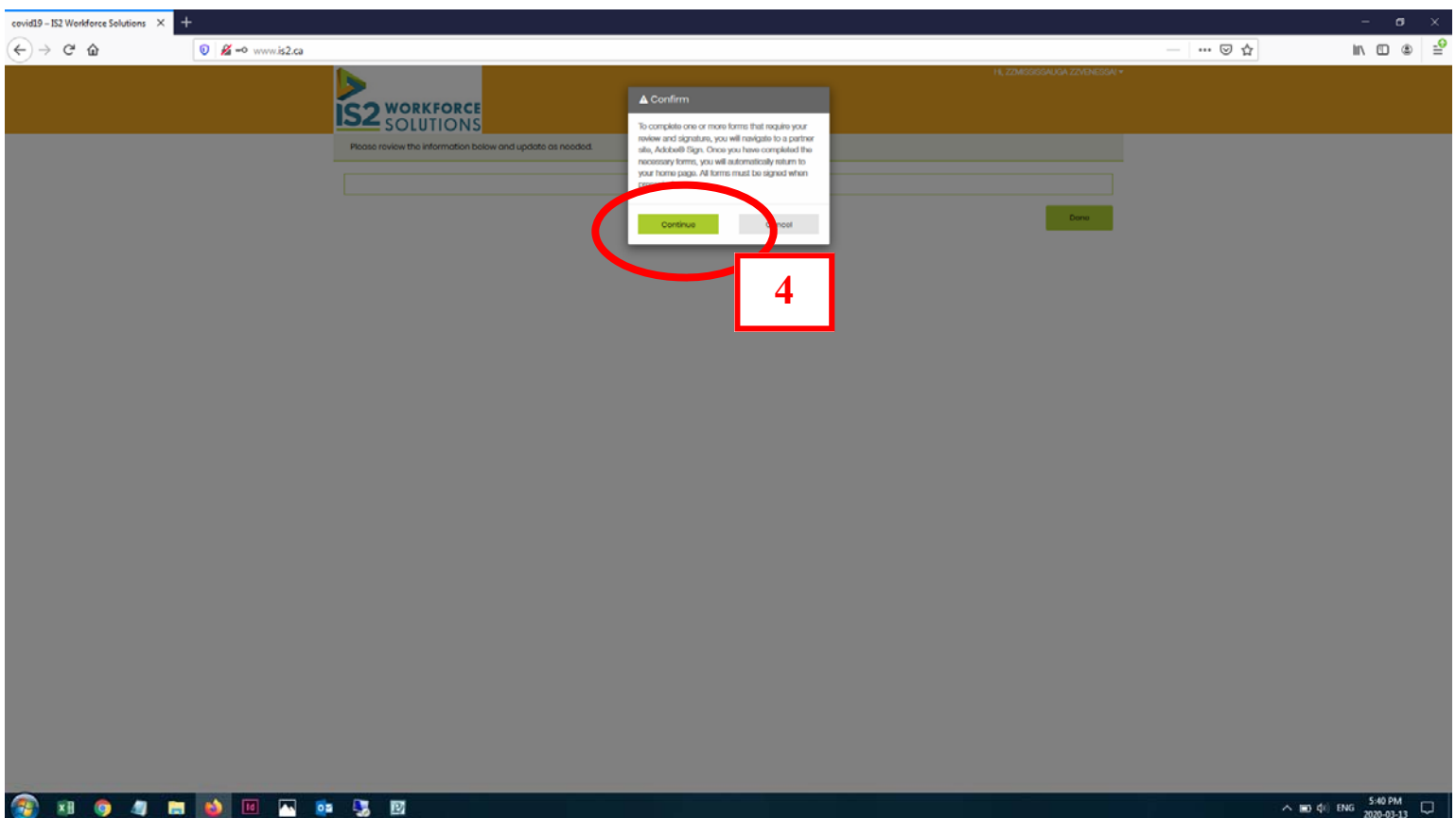


If you have forgotten your email click “forgot password” to get a reset code.

Step 3a) Click Home and then click the GREEN BUTTON to sign the eDoc  
Step 3b) Click the Green “eDoc” Button.



Step 4) Click the green “CONTINUE” BUTTON—IF PROMPTED.



Step 5a) Sign your name.

Step 5b) Click “NO” in all the check-boxes IF you have no cold or flu symptoms!

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Adobe Sign

Alternative actions v

SCI\_COVID-19\_VISITOR\_SCREENING\_FORM\_2020\_03\_13

Next required field 1

SCI Group is committed to taking every reasonable precaution to protect the health, safety and wellness of its employees, customers, families and visitors. The purpose of this Visitor Screening Form (the "Form") is to control access to our premises in order to protect the health and safety of those on the premises from the spread of or exposure to COVID-19.

The Form must be completed by each visitor prior to access. All of the information collected will be kept confidential (unless disclosure is required by law) and will be disposed of after 30 days. A Form must be completed for each visit and expires after each visit. If you are visiting with a child, a form must be completed on their behalf by their parent or their legal guardian/caregiver.

If you answer "Yes" to any of the following questions, we request you defer your visit and contact us online or over the phone as needed. If you answer "no" to all these questions, please print this Form and bring it with you when you visit. You will not be permitted to access the premises unless this Form has been completed and your visit is approved by SCI Group.

**Acknowledgment and Consent:**  
I hereby consent to the collection, use and disclosure by SCI of the following information for the purposes above.

Your Name  
Company Name & Contact Number: IS2 Workforce Solutions / 905-212-9090  
Date and Time of the Visit: Mar 13, 2020  
Name of SCI Site: SCI Edwards  
Name of SCI Contact: Jim Smith  
Signature: *Click here to sign*

1. Do you have a fever, cough, shortness of breath or breathing difficulty?  
If yes, for your own safety, please consult a doctor immediately? YES NO

2. Have you and/or a member of your immediate family or household had contact with:  
a) Anyone with a confirmed case of COVID-19 in the past 14 days? YES NO  
Anyone who had or may have had contact with a confirmed case in the past 14 days? YES NO

3. Have you and/or any of your immediate family member(s)/household member(s) travelled outside of Canada in the past 14 days? YES NO

4. Have you been issued with any of the following:  
a) Stay Home Notice/Leave of Absence? YES NO  
b) Home Quarantine Order? YES NO

Thank you for your understanding and co-operation.

Signature: *Venelia Ryan*  
Email: mkennedy@is2.ca

5a

5b

You Must click "NO" very carefully on all the checkboxes. If you miss one the form cannot be accepted

Go slow and pay attention while filling out the form.

Language: English US

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Step 6) Click the blue 'CLICK TO SIGN' button. And you're done!

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SCI\_COVID-19\_VISITOR\_SCREENING\_FORM\_2020\_03\_13

Completed

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**Acknowledgment and Consent:**  
I hereby consent to the collection, use and disclosure by SCI of the following information for the purposes above.

Your Name: Example Employee  
Company Name & Contact Number: IS2 Workforce Solutions / 905-212-9090  
Date and Time of the Visit: Mar 13, 2020  
Name of SCI Site: SCI Edwards  
Name of SCI Contact: Jim Smith  
Signature: *Example Employee*

1. Do you have a fever, cough, shortness of breath or breathing difficulty?  
If yes, for your own safety, please consult a doctor immediately? YES NO

2. Have you and/or a member of your immediate family or household had contact with:  
a) Anyone with a confirmed case of COVID-19 in the past 14 days? YES NO  
Anyone who had or may have had contact with a confirmed case in the past 14 days? YES NO

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4. Have you been issued with any of the following:  
a) Stay Home Notice/Leave of Absence? YES NO  
b) Home Quarantine Order? YES NO

Thank you for your understanding and co-operation.

Signature: *Venelia Ryan*  
Email: mkennedy@is2.ca

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Click to Sign

Agree to the Terms of Use and Consumer Disclosure of this document

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