

Worker Name		Country of Origin	Date of Arrival at Isolation Unit	Time of Arrival at Isolation Unit	Address of Isolation Unit	Isolation Unit Type	Isolation Unit Name/Identifier *Consistent with name provided on Isolation Plan
Last Name	First Name						

PLEASE COMPLETE THIS FORM AS NEEDED FOR ADDITIONAL WORKERS

Notice of Collection

This information is being collected under the Municipal Freedom of Information and Protection of Privacy Act for the purposes of ensuring that COVID-19 isolation requirements required for temporary foreign workers, in accordance with meeting the required Health Promotion and Protection Act section 22 class order issued by the Medical Officer of Health for Haldimand Norfolk Health Unit. The collected information from this form will only be used for its intended purpose. To request more information about the collection, use and storage of this information, please contact the Haldimand-Norfolk Health Unit Program Manager, Environmental Health at 12 Gilbertson Drive, Simcoe, Ontario N3Y 4N5, 519-426-6170 ext. 3271.

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