

Staff COVID-19 Screener

Please share your responses to the questions below with the screener:

1. Have you had a fever of 37.8 degrees or greater in the last 24 hours?
 Yes No Temperature: _____
2. Do you have any of the following symptoms or signs?
 - New or worsening cough
 - Shortness of breath
 - Sore throat
 - Runny nose, sneezing or nasal congestion
 - Hoarse voice
 - Difficulty swallowing
 - New smell or taste disorder(s)
 - Nausea/vomiting, diarrhea, abdominal pain
 - Unexplained fatigue/malaise
 - Chills
 - Headache
3. Have you travelled outside of Canada in the past 14 days or been in contact with people that have travelled outside of Canada in the past 14 days?
 Yes No (If NO, go to question 4)
If YES, have you notified and been cleared by Occupational Health?
 Yes No
4. Have you had contact with anyone self-isolating (as directed by a doctor, health care provider, public health unit or as per guidance for individuals returning from travel outside of Canada), and/or have you had contact with anyone waiting for test results after experiencing symptoms?
 Yes No
If YES, have you notified and been cleared by Occupational Health?
 Yes No
5. Have you visited a facility or setting that was in an outbreak in the past 14 days?
 Yes No
6. If yes to questions 5 - Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you were at this facility?
 Yes No
7. Have you had close contact with people with acute respiratory illness or a confirmed or probable case of COVID 19?
 Yes (Go to question 7) No
8. If yes to questions 7 - Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?
9. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
 Yes No If yes, have you been cleared by Occupational Health? Yes No
10. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If yes, have you been cleared by Occupational Health? Yes No

Thank you for your participation.

