# COVID19 Screening Questionnaire

1. **Confirm if you are exhibiting any of the following symptoms:** (*Choose any/all that are new, worsening, and not related to other known causes or medical concerns)*

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| --- | --- | --- | --- |
| Fever and/or chills with a temperate of 37.8 degrees Celsius | | Yes | No |
| Cough or barking cough (croup) that is continuous, more than normal, making a whistle like noise when breathing and not related to other known causes or medical concerns | | Yes | No |
| Shortness of breath, unable to breathe deeply, not related to other known causes or medical concerns | | Yes | No |
| Decrease or loss of taste or smell not related to other known causes or medical concerns | | Yes | No |
| Digestive issues that include nausea/vomiting, diarrhea, stomach pain, that is not related to other known causes or medical concerns | | Yes | No |
| Muscle aches out of the ordinary or long lasting, that are not related to other known causes or medical concerns | | Yes | No |
| 1. Does anyone in your household have one or more of the symptoms and/or waiting for test results after experiencing symptoms? | | |  |  | | --- | --- | | Yes | No | | | | |
| 1. In the last 10 days, have you come into close contact with a public health confirmed COVID19 case or been told to stay home and self-isolate? | | |  |  | | --- | --- | | Yes | No | | | | |
| 1. In the last 10 days, have you tested positive on a rapid test or a home a based self-testing kit? 2. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements? | | |  |  | | --- | --- | | Yes | No | | Yes | No | | | | |

# Results of Screening

If “Yes” to any symptoms, stay home and self-isolate, get tested or contact a health care provider

If “Yes” to 2, 3, 4 or 5, do not enter the workplace and follow local public health advise.

# COVID-19 Screening Sign-Off

By signing below, the worker acknowledges that he or she does not have any of the symptoms listed under question 1, has not been outside of Canada in the last 14 days and has not been in close contact with a confirmed or probable case of COVID-19.

Any worker exhibiting COVID-19 symptoms will be asked to leave work immediately and seek medical attention.

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| **Worker Name** | **Signature** | **Date** |
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