

## 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
  - 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 be currently in isolation (staying at home)? Please note this includes any directions for isolation issued to you if you recently returned to Canada.  
 Yes  No If yes, have you been cleared by Occupational Health?  Yes  No
10. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone? If yes, have you been cleared by Occupational Health?  Yes  No
11. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit? (If you have since tested negative on a lab-based PCR test, select "No").  
 Yes  No

*Thank you for your participation.*