

ENHANCED DAILY STAFF SCREENING QUESTIONNAIRE



The safety of our employees is of the utmost importance. As COVID-19 continues, we are monitoring the situation closely and following the guidance from Health Canada, Centers for Disease Control and Prevention and local health authorities. In order to reduce the potential risk of COVID-19 transmission and exposure in the workplace, we are asking everyone to complete and submit this questionnaire prior to entering the worksite. Please do not enter the worksite if you are unwell.

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

(Please take your temperature before you answer this question.)

- Yes No Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
- Yes No Cough
- Yes No Shortness of breath or difficulty breathing
- Yes No Sore throat
- Yes No New loss of taste or smell
- Yes No Chills
- Yes No Head or muscle aches
- Yes No Nausea, diarrhea, vomiting

2. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

- Yes No

3. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

- Yes No

4. Have you been tested for COVID-19 and are waiting to receive test results?

- Yes No

5. Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?

- Yes No

NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your supervisor and/or human resources representative when:

a) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications.

b) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.

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6. In the past 14 days, have you been on a commercial flight or traveled outside of Canada?

Yes No

7. In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of Canada?

Yes No

8. Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.

Yes No

Explanation: _____