

COVID-19 EMPLOYEE SCREENING TOOL

For the purposes of keeping myself and my co-workers safe, I confirm my responses on this form are accurate.

Date of Screening: _____ Time: _____

Employee Name: _____ ID: _____ Dept.: _____

COVID-19 Checklist

Please complete the following questions, selecting an answer for each line.

1. Have you experienced COVID-19 symptoms such as a cough or shortness of breath, or two or more of the following: fever, sore throat, diarrhea, or a loss of taste or smell in the past 14 days?

No ____ Yes ____

2. When you took your temperature within the past 2 hours, was your temperature 100.4F/38C or greater?

No ____ Yes ____

3. Have you traveled internationally, including the U.S. within the past 14 days?

No ____ Yes ____

4. Have you been in close contact (within 6 feet for 15 minutes at a time) with a person who has a confirmed or suspected case of COVID-19 within the past 14 days?

No ____ Yes ____

5. Are you awaiting test results or awaiting a scheduled test (due to symptoms, exposure, or association), or are you required to be in self-isolation or quarantine; based on a health care providers instruction or current provincial health guidelines (see below)?

No ____ Yes ____

*Note - if you answer "Yes" to any question **DO NOT** report to work and use the applicable call in procedure number to report your absence

Links to Provincial Health Guidelines:

Ministry of Health - Ontario <https://www.ontario.ca/page/2019-novel-coronavirus>

Health Services - Alberta <https://www.albertahealthservices.ca/>

Health Services - Quebec <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/>

CNESST Quebec <https://www.cnesst.gouv.qc.ca/salle-de-presse/Pages/coronavirus.aspx>