Daily Fit for Work Screening Questionnaire for Non-Continuing Care Staff

We require you to fill out the below questionnaire to assist in determining your fitness to work during the COVID-19 pandemic to provide a safe environment for staff, physicians, volunteers, students, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used solely for the purposes of determining fitness for work and fit for work screening compliance during the COVID-19 pandemic as per the Directive: Attending work with COVID-19 Symptoms, Positive Test or Close Contact. If you have questions related to privacy or collection of information contact Alberta Health Services / Alberta Precision Laboratories at 1-877-476-9874 or Covenant Health at 1-866-254-8181 or privacy@covenantthehealth.ca.

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

Any person who is a case\(^1\) of COVID-19 must not enter the site and must follow isolation requirements as per CMOH Order 39-2021.

The questionnaire only relates to new symptoms or a worsening of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work.

Printed Name: __________________ Signature: __________________ Date: ______________

RISK ASSESSMENT: SCREENING QUESTIONS

1. Have you travelled outside of Canada in the last 14 days? 
   If no, proceed to Question 2. 
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="QR Code" /></td>
<td><img src="image" alt="QR Code" /></td>
</tr>
</tbody>
</table>

   If you answered Yes above:
   When entering Canada after travelling, you are required to abide by the federal government’s guidelines to determine whether or not you are exempt from quarantine.

   Select the correct statement below based on your quarantine requirements:

   1.a I am aware of the federal government’s quarantine guidelines related to travel, and I am exempt from quarantine. 
      If checked, proceed to Question 2. If not checked, proceed to 1.b.
   
   1.b I am aware of the federal government’s quarantine guidelines and I am required to quarantine OR I don't know if I meet the exemption so I am required to quarantine. 
      If checked, you are not permitted to attend work at this time and you must quarantine. Complete the Self-Assessment Tool at ahs.ca/covid to determine your need for COVID-19 testing. Healthcare workers, please inform ALL managers/leads you report to. 
      You do not need to complete the rest of this questionnaire.

   ![QR Code](image)

   [Footnote: \(^1\) A case of COVID-19 refers to a person who has tested positive for SARS-CoV-2.]
2. Do you currently have any of the following symptoms* within the last 10 days, which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, loss of sense of taste and/or smell, and/or runny nose?

*If you have any core symptoms (cough, fever, shortness of breath, runny nose, sore throat, loss of taste or smell) you are legally required to isolate for 10 days after onset of symptoms, unless you receive a negative test and symptoms resolved. See the Alberta.ca/isolation webpage and/or the Return to Work Decision Chart on Insite for more information.

- "If you previously had COVID-19 core symptoms which are improving, AND you have been away from work for at least 10 days since your symptoms started, AND you are now fever-free for the last 24 hours (without the use of fever-reducing medications), answer No to this question.
- "If you previously had COVID-19 core symptoms which have resolved, AND you had a negative result on a COVID-19 test within the last 10 days, answer No to this question.

If you answered YES, you are work restricted at this time. Notify your manager or immediate supervisor.

If you answered NO, proceed to Question #3a.

---

### For questions 3a, 3b, 3c, within the last 14 days:

3a. Did you have close contact*, without wearing the appropriate personal protective equipment, with a person with a lab-confirmed case** of COVID-19?

- If you are in close contact with a person with COVID-19 less than 90 days since your previous positive test result, AND symptoms are resolved AND have not returned, answer No to this question.

**Close contact** means a worker who:
- provided direct care for the case (including healthcare workers, family members or other caregivers), or who had other similar close physical contact (e.g. intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment;
- lived with or otherwise had close prolonged contact which may be cumulative, i.e. multiple interactions for a total of 15 minutes or more over a 24-hour period and within two metres with a case without consistent and appropriate use of personal protective equipment and the case is not completely isolating away from others in the home; or
- had direct contact with infectious bodily fluids of a case (e.g. shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended personal protective equipment.

**Lab-Confirmed case of COVID-19** means a person who has taken a Health Canada approved test or PCR test, which confirms that the person is infected by COVID-19.

If you answered YES, proceed to Question #4.

If you answered NO, proceed to Question #3b.
3b. Did you have close contact*, without wearing the appropriate personal protective equipment, with a probable case** of COVID-19 in the last 14 days?

*If you are in close contact with a person with COVID-19 less than 90 days since your previous positive test result, AND symptoms are resolved AND have not returned, answer No to this question.

**Close contact** means a worker who:
- provided direct care for the case (including healthcare workers, family members or other caregivers), or who had other similar close physical contact (e.g. intimate partner, hug, kiss, handshake) without consistent and appropriate use of **personal protective equipment**;
- lived with or otherwise had close prolonged contact which may be cumulative, i.e. multiple interactions for a total of 15 minutes or more over a 24-hour period and within two metres with a case without consistent and appropriate use of **personal protective equipment** and the case is not completely isolating away from others in the home; or
- had direct contact with infectious bodily fluids of a case (e.g. shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended **personal protective equipment**.

**Probable Case**: A person with clinical illness (any one or more of the following: fever, new or worsening: cough, shortness of breath/difficulty breathing, sore throat, loss of sense of taste or smell, or runny nose) who in the last 14 days:
- Had close contact with a confirmed case of COVID-19 OR was exposed to a known outbreak of COVID-19 OR had a laboratory exposure to biological material known to contain COVID-19 **AND**
- Who does not have a lab confirmed COVID-19 test or the result was inconclusive

For more information, see the **Alberta COVID-19 Notifiable Disease Guideline**.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES, proceed to Question #4.
If you answered NO, proceed to Question #3c.

3c. Did you have a laboratory exposure* to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?

*If your laboratory exposure occurred less than 90 days since your previous positive test result, AND symptoms are resolved AND have not returned, answer No to this question.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES, proceed to Question #4.
If you answered NO, you may ATTEND WORK. You do NOT need to complete the remaining questions on this form.
4. Are you fully immunized* according to the definition below?

*Fully immunized means a worker:
- who has received two doses of vaccine in a two dose COVID-19 vaccine series or one dose in a one dose COVID-19 vaccine series; and
- for whom fourteen days have elapsed since the date on which the person received the second dose of the COVID-19 vaccine of a two dose series or one dose of the COVID-19 vaccine in a one dose vaccine series.

If you answered YES, you may ATTEND WORK.
You do NOT need to complete question #5.

If you answered NO, proceed to Question #5.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Are you partially immunized* AND it has been more than 10 days since your close contact?

*Partially immunized means a worker:
- for whom fourteen days have elapsed from the day on which the person received the first dose of a two-dose COVID-19 vaccine series

If you answered YES, you may ATTEND WORK.
If you answered NO, you are work restricted at this time.
Notify your manager or immediate supervisor.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are work restricted, consult the AHS Return to Work Decision Chart and Guide on Insite.

A lab-confirmed case OR a probable case as defined in the Alberta COVID-19 Notifiable Disease Guideline

This screening questionnaire must be kept at the site for 14 days at which time it can be destroyed in a confidential manner.

Please note there are separate questionnaires for visitors on the Family Support & Visitation page.

An online questionnaire tool for staff and physicians is available - visit ahs.ca/fitforwork.

AHS staff experiencing symptoms who have recently received flu immunization should speak with their manager and review the Post-Influenza Immunization After-Care Guidance During COVID-19 document.