Daily Fit for Work or Visitor Screening Questionnaire

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

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work or visitation during the COVID-19 pandemic.

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

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 or visit.

Printed Name: __________________ Signature: __________________ Date: __________

Risk Assessment: Screening Questions

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?  
   Yes  No

2. Have you returned to Canada from outside the country (including USA) in the past 14 days?  
   Yes  No

In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

3. Did you have close contact* with a person who has a probable** or confirmed case of COVID-19?  
   Yes  No

4. Did you have close contact* with a person who had an acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?  
   Yes  No

5. Did you have close contact* with a person who had an acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?  
   Yes  No

6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?  
   Yes  No

Please share your completed questionnaire with the screener.

If you answer “YES” to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate. 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.

If you answer “NO” to all of the above, you can proceed to work or with your visit. If you develop any of the above symptoms, please complete a new questionnaire. Note: If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the Self-Assessment Tool to determine your need for COVID-19 testing.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended personal protective equipment.

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate personal protective equipment, OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. Clinical illness of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. Exposure criteria for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Please note there is a separate questionnaire for staff and visitors of continuing care facilities.

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

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