Daily Fit for Work Screening Questionnaire for Workers in all AHS Settings
(Includes staff, physicians, volunteers, students, contractors and vendors)

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. An online questionnaire is available - visit ahs.ca/fitforwork.

Information about access for Designated Family/Support Persons and Visitors is available at Transitioning to the Family Presence Policy Suite.

Use Code to access the Attending Work with COVID-19 Symptoms or a Positive COVID-19 Test

REMINDER: If you have been a close contact of a confirmed case of COVID-19, you must monitor for symptoms for 7 days.

AHS staff experiencing symptoms who have recently received influenza immunization should speak with their manager & review Post-Influenza Immunization After-Care Guidance During COVID-19

### RISK ASSESSMENT: SCREENING QUESTION

<table>
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<th>Within the past 5 days, have you EITHER tested positive for COVID-19 OR have you experienced any of the following symptoms, which are new or worsened (if associated with allergies, chronic or pre-existing conditions): fever or chills, runny or stuffy nose, sore throat, cough, difficulty breathing, shortness of breath, nausea, diarrhea, and/or loss or altered sense of taste/smell? (See bullet points below for additional clarification)</th>
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<td><strong>Yes</strong></td>
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**Answer NO** if any of these apply:

- You had any symptoms and they have resolved\(^1\) **AND** while you were symptomatic you:
  - had a negative result on a molecular test\(^2\), OR
  - had a negative result on two rapid antigen tests\(^3\) (RAT) completed at least 24 hours apart.
- You tested negative on a second RAT at least 24 hours after your initial positive RAT, OR tested negative on a molecular test, **AND** you never developed any symptoms.

\(^1\) **Symptoms resolved**: means symptoms have improved and with no fever for 24 hours without the use of fever reducing medication.

\(^2\) **Molecular Test**: such as a polymerase chain reaction (PCR) test or an ID NOW test

\(^3\) **Rapid Antigen Test**: A Health Canada-approved COVID-19 testing device that is listed in Authorized medical devices for uses related to COVID-19: List of authorized testing devices by Health Canada published on the Government of Canada website and is approved for point-of-care molecular or antigen COVID-19 testing. See the COVID-19 FAQ for Staff for a list of approved tests.

If you answered YES, you are work restricted. Notify your manager/immediate supervisor.

If you answered NO, you may ATTEND WORK.

If you are work restricted and/or tested positive and believe your COVID-19 infection was acquired from the workplace, consult the AHS Return to Work Decision Chart and Guide on Insite.

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 or a Positive COVID-19 Test. 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@covenanthealth.ca.