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, fit for work screening compliance and workforce planning or for the purposes of visitation during the COVID-19 pandemic. 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.

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.

Printed Name: __________________________ Signature: __________________________ Date: _________________

Risk Assessment: Screening Questions

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>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?</td>
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<td>2. Have you returned to Canada from outside the country (including USA) in the past 14 days?</td>
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In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

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<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<td>3. Did you have close contact* with a person who has a probable** or confirmed case of COVID-19? Note: If you are fully vaccinated and you have no symptoms, you are no longer considered a close contact. If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered a close contact: · if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR · if you are not tested and have already quarantined for 10 days</td>
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<td>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? Note: If you are fully vaccinated and you have no symptoms, you are no longer considered a close contact. If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered a close contact: · if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR · if you are not tested and have already quarantined for 10 days</td>
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If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not.

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### 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?

**Note:**
- If you are fully vaccinated and you have no symptoms, you are no longer considered a close contact.
- If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered a close contact:
  - if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR
  - if you are not tested and have already quarantined for 10 days

If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not.

**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?

**Note:**
- If you are fully vaccinated and you have no symptoms, you are no longer considered exposed.
- If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered exposed:
  - if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR
  - if you are not tested and have already quarantined for 10 days

If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not.

**Yes** | **No**
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If you answer **“YES”** to any of the above, you are not permitted to attend work at this time and you must self-isolate. Complete the [Self-Assessment Tool](https://ahs.ca/covid) at [ahs.ca/covid](https://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. 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](https://ahs.ca/covid) to determine your need for COVID-19 testing.

**Notes:**
- **Fully Vaccinated:** You are considered fully vaccinated if it has been more than 14 days since you had the 2nd dose of a 2-dose series or 1 dose in a 1-dose series.
- **Partially vaccinated:** You are considered to be partially vaccinated if you have had the 1st dose of a 2-dose series more than 14 days ago.

*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](https://www.ahs.ca/en/healthcare-professionals/infectious-control/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](https://www.ahs.ca/en/healthcare-professionals/infectious-control/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.**

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Last Updated: 06/02/2021 1030h
ECC Approved: 05/28/2021
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.