

**Daily Fit for Work Screening Questionnaire for DSL, LTC and Hospice staff, volunteers, service providers and students (includes home care staff attending to DSL, LTC and hospice sites)**
**Overview**

This tool was developed to support DSL, LTC and hospice sites and reduce the risk of transmission of COVID-19. **Staff, volunteers, service providers and students** are required to complete this checklist before entering the DSL, LTC or hospice site or prior to attending to work.

Any person who is a confirmed case of COVID-19 must not enter the site and must follow isolation requirements as per [CMOH Order 02-2022](#).



REMINDER: Follow direction in the Alberta Health Services [Immunization or Testing of Workers for COVID-19 policy](#).

**Screening Questions:**

<b>1.</b>	<b>Have you traveled outside Canada in the last 14 days <u>AND</u> have you been directed to quarantine?</b>	<b>YES</b>	<b>NO</b>
<p><b>If you answered “YES”:</b></p> <ul style="list-style-type: none"> <li>Do not attend to work unless you have an authorized exemption from quarantine.</li> </ul> <p><b>If you have travelled but are unsure about your quarantine requirements:</b></p> <ul style="list-style-type: none"> <li>Follow the <a href="#">Government of Canada Travel, Testing, Quarantine and Borders</a> instructions, including any requirements for exempt travelers related to attending high-risk environments.</li> </ul> <p><b>If you answered “NO”, proceed to question 2.</b></p>			
<b>2.</b>	<p><b>Have you had any known close contact* with a confirmed case** of COVID-19 in the last 14 days?</b></p> <p>*Close Contact - means a person who, without the consistent and appropriate use of personal protective equipment, provides care to, lives with, or has close physical contact with, a person who is a confirmed case of COVID-19; or has come into contact with the infectious body fluids of a person who is a confirmed case of COVID-19.</p> <p><b>Note:</b> A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.</p> <p>**Confirmed case- means a person who has had a positive result on a COVID-19 test that confirms the person is infected with COVID-19. Tests can be rapid antigen tests or lab-based PCR tests.</p>	<b>YES</b>	<b>NO</b>
<p><b>If you answered “YES”, proceed to question 3.</b></p> <p><b>If you answered “NO”, proceed to question 4.</b></p>			



<b>3.</b>	<b>Are you fully immunized<sup>1</sup> AND have completed a rapid antigen test AND the result is negative?</b>	<b>YES</b>	<b>NO</b>
<p><b>If you answered “YES”, proceed to question 4.</b></p> <ul style="list-style-type: none"> <li>Daily rapid antigen testing is required prior to each shift for 10 days following exposure.</li> <li>On day 11-14 post exposure and upon completion of 10 days of negative rapid antigen testing answer “YES” to this question. No rapid antigen test is required on days 11-14 however staff must monitor closely for symptoms.</li> <li>Those newly recovered from COVID-19, are not required to rapid antigen test for 21 days following the completion of their isolation period.</li> </ul> <p><b>If you answered “NO”:</b></p> <ul style="list-style-type: none"> <li>Do not attend work for 14 days from the last day of exposure.</li> </ul>			
<b>4.</b>	<b>Do you have any new onset (or worsening) of the following symptoms within the last 10 days:</b>	<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>Fever</li> <li>Cough</li> <li>Shortness of breath</li> <li>Runny nose</li> <li>Sore throat</li> <li>Chills</li> <li>Painful swallowing</li> <li>Nasal congestion</li> <li>Feeling unwell / fatigued</li> <li>Nausea / vomiting / diarrhea</li> <li>Unexplained loss of appetite</li> <li>Loss of sense of taste or smell</li> <li>Muscle / joint aches</li> <li>Headache</li> <li>Conjunctivitis (commonly known as pink eye)</li> </ul>			
<p><b>*Note:</b></p> <ul style="list-style-type: none"> <li>Answer “YES” to this question if: you are fully immunized<sup>1</sup> and tested positive for COVID-19 in the last 5 days or if you are NOT fully immunized<sup>1</sup> and tested positive for COVID-19 in the last 10 days.</li> </ul>			
<p><b>If you answered “YES” to question 4:</b></p> <ul style="list-style-type: none"> <li>Stay home or return home. Do not attend to work.</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to receive additional information on testing and isolation.</li> <li>Individuals with fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste or smell are required to isolate for 5 days if they are fully immunized<sup>1</sup> and if they are NOT fully immunized<sup>1</sup>, they are required to isolate for 10 days as per the current <a href="#">CMOH Order</a> OR <a href="#">receive a negative COVID-19 test</a> and feel better before returning to activities, as long as they have no known exposure.</li> </ul> <p><b>If you answered “NO”:</b></p> <ul style="list-style-type: none"> <li>You may attend to work.</li> </ul>			

<sup>1</sup> A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or after 1 dose of a 1 dose vaccine (e.g. Janssen). If you do not meet this criteria, you are considered NOT fully immunized.