**Daily Fit for Work Screening Questionnaire for Continuing Care**

All staff, physicians, volunteers, students and contractors are required 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 everyone.

As per Chief Medical Officer of Health Orders, staff must complete a temperature check and questionnaire prior to entering a hospice, long term care, designated supportive living or congregate living facility.

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

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 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.

The questionnaire only relates to any new onset (or worsening) of any of the following symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work.

**Risk Assessment: Screening Questions**

1. Do you have any new onset (or worsening) of any of the following symptoms: fever* (over 38°Celsius), cough*, shortness of breath/difficulty breathing*, runny nose* sore throat*, chills, painful swallowing, nasal congestion, feeling unwell / fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, loss of sense of taste or smell, muscle/joint aches, headache, conjunctivitis (pink eye)?  
   Yes  No

2. Have you travelled outside of Canada in the last 14 days?  
   Yes  No

3. Have you had close contact** with a confirmed case of COVID-19 in the last 14 days?  
   Yes  No

4. Have you had close contact with an individual who has any one of the first 5 symptoms on this list (*) fever, cough, shortness of breath, runny nose or sore throat AND who is a close contact of a confirmed case of COVID-19 in the last 14 days?  
   Yes  No

Please share your completed questionnaire with the screener.

*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per CMOH Order 05-2020 unless they receive a negative COVID-19 test and symptoms have resolved.

If you answer “YES” to any of the above, you are not permitted to attend work at this time and you must complete the Self-Assessment Tool at ahs.ca/covid to determine your need for self-isolation and 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 your symptoms have resolved. Complete the Self-Assessment Tool determine your need for COVID-19 testing.

Please note there are separate screening questionnaires for designated family support and visitors on the Family Support & Visitation page.

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

If you are experiencing symptoms and have recently been immunized, guidance is provided for AHS staff in the Post-Influenza Immunization After-Care Guidance during COVID-19 document found on the Influenza Site Champion Insite page.
**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](#).**

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