

### Daily Fit for Work or Essential 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.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to preexisting 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
<b>In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:</b>			
3.	Did you have close contact* with someone who has a probable** or confirmed case of COVID-19?	Yes	No
4.	Did you have close contact* with a person who had 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 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.** For healthcare workers, complete the [Healthcare Worker Self-Assessment Tool](https://www.ahs.ca/covid) at [ahs.ca/covid](https://www.ahs.ca/covid) to determine your need for COVID-19 testing. 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 symptoms, please complete a new questionnaire.

\*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.

An online questionnaire tool for staff and physicians is now available - visit [ahs.ca/fitforwork](https://www.ahs.ca/fitforwork)