



COVID-19 Screening Tool

Please complete this form and submit to the authorized workplace representative (e.g., your manager, health and safety (H&S) designate, human resources, security, etc.). The information recorded in this form is considered private and will be stored securely. When it is no longer necessary to keep the form, it will be destroyed according to privacy requirements. This information will only be used for screening purposes and to support contact tracing efforts, if required by the local public health authority.

Name (Print): _____

Name (Signature): _____

Telephone Number: _____

Department or Organization: _____

Date: _____ Time: _____

1. Are you experiencing any of the following symptoms with unknown cause?

▪ new or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ temperature equal to or over 38 °C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ feeling feverish	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ fatigue or weakness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ new loss of smell or taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ feeling very unwell	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Contact 911 if you are experiencing any symptoms requiring emergency care (e.g., severe difficulty breathing).

2. Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days? Yes No

3. Have you or anyone from your immediate household travelled outside of Canada in the past 14 days (for non-essential travel)? Yes No

Note: There may be specific quarantine requirements for inter provincial / territorial travel in your province or territory. Refer to the following website for details: <https://travel.gc.ca/travel-covid/travel-restrictions/provinces>

4. In the past 10 -14 days, have you been required to quarantine or isolate by your local public health authority? Yes No

If the answers to all these questions are "no" then proceed to work.

If the answers to any of these questions are "yes" then you should not proceed into the workplace. Immediately discuss with the authorized person at the workplace (e.g., your manager, H&S designate, human resources, security, etc.). You should go home / stay at home and call your health care provider or local public health authority.



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OFFICE USE ONLY

In-person, the person being screened was:

- Allowed to enter the workplace. Yes No
- Concerns noted and sent home. Yes No
- Referred to a doctor or local public health authority with benefit forms (if applicable). Yes No

On the telephone, the person being screened was:

- Advised they can come to work. Yes No
- Instructed to stay at home. Yes No
- Referred to a health care provider or local public health authority. Yes No

If the person being screened was directed by the local public health authority to quarantine or isolate for: ___ days, indicate the Start Date: _____ and the End Date: _____ or the Date when Quarantine or Isolation was Completed: _____.

Comments:

Authorized Workplace Representative

Name: _____ Name (Signature): _____ Date: _____

For further information on COVID-19, refer to the Public Health Agency of Canada <https://www.canada.ca/coronavirus>

Disclaimer: As public and occupational health and safety information is changing rapidly, local public health authorities should be consulted for specific, regional guidance. This information is not intended to replace medical advice or legislated health and safety obligations. Although every effort is made to ensure the accuracy, currency and completeness of the information, CCOHS does not guarantee, warrant, represent or undertake that the information provided is correct, accurate or current. CCOHS is not liable for any loss, claim, or demand arising directly or indirectly from any use or reliance upon the information.