COVID-19 Screening Tool

Name (Print):	Department:	
In-Person (Yes/No):	Telephone Call (Yes/No):	

Date: _____ Time In: _____

IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELED **OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS YOU ARE NOT PERMITTED** TO ENTER THE ______ FACILITY.

SECTION A:

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

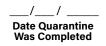
fever	🖵 Yes	🖵 No
 cough 	🖵 Yes	🖵 No
 shortness of breath 	🖵 Yes	🖵 No
difficulty breathing	🖵 Yes	🖵 No
chills	🖵 Yes	🖵 No
Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days?		🖵 No
Have you or anyone from your household travelled outside of Canada?		🖵 No

OFFICE USE ONLY

In-person, the person being screened was:			
 Unfit to work and sent home. 	🖵 Yes	🖵 No	
 Sent back to work. 	🖵 Yes	🖵 No	
 Referred to a doctor or Public Health with benefit forms (if applicable). 	🖵 Yes	🗅 No	
On the telephone, the person being screened was:			
 Instructed to stay or remain at home. 	🖵 Yes	🖵 No	
 Referred to go see a doctor or Public Health and sent benefit forms (if applicable). 	🖵 Yes	🗅 No	
 Advised they can come to work 	🗅 Yes	🗅 No	

SECTION B:

If the person being screened was directed to self-quarantine for 14 days post-travel/exposure risk, indicate the start date: ______ and the end date: _____





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Comments:

IF YOU ARE BEING REFERRED TO PUBLIC HEALTH FROM THIS SCREENING, CONTACT THE PUBLIC HEALTH DEPARTMENT FOR YOUR AREA OR TELEHEALTH ONTARIO AT 1-800-797-0000 (FOR THOSE IN ONTARIO).

Facility Representative or H&S Designate: _____ Date: _____

Please call Plant Manager, H&S Designate, or Production Manager for assistance.

Reference: Centers for Disease Control and Prevention website <u>https://www.cdc.gov/</u> **Version Date:** March 15, 2020

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

