COVID-19 SELF SCREENING TOOL

All physicians and all employees must perform daily screening. You may complete this form in place of verbal screening. This must be completed daily - BEFORE arriving at the building. You must wait in line if there is one to show the screener the completed tool. Leave the completed screening tool with the screener.

Please do not come to work and contact your manager / Occ Health to discuss next steps if you answer YES to any of the following questions:

1. **Do you have any COVID-19 symptoms?**
   - Fever
   - New onset of cough
   - Worsening chronic cough
   - Shortness of breath
   - Difficulty breathing
   - Sore throat
   - Difficulty swallowing
   - Decrease loss of sense of taste or smell
   - Chills
   - Headache
   - Unexplained fatigue/malaise/muscle aches
   - Nausea/vomiting/diarrhea/abdominal pain
   - Pink eye (conjunctivitis)
   - Runny nose/nasal congestion without other known cause

   **YES / NO**

2. **Have you had close contact with anyone with acute respiratory illness OR had close contact with a confirmed case of COVID-19 in the community and not if your course of work as a healthcare worker?**

   **YES / NO**

2. **Have you travelled outside of Canada in the last 14 days?**

   **YES / NO**

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PRINTED NAME  
SIGNATURE  
DATE  

VERIFIED BY SCREENER (INITIAL)