LTC COVID-19 ENHANCED STUDENT/INSTRUCTOR SCREENING QUESTIONNAIRE

Date: September 15, 2020

NEW STUDENTS/INSTRUCTORS WHO ARE NEW TO THE SITE OR HAVE BEEN AWAY FROM THE SITE FOR MORE THAN 14 DAYS, MUST COMPLETE THIS FORM 3 BUSINESS DAYS PRIOR TO THEIR FIRST SHIFT AND SUBMIT IT TO THEIR DIRECTOR OF CARE OR MANAGER

Student/Instructor Name: _____________________________________ Phone Number:________________________

Date of first planned shift: _________________________ Facility Name: _____________________________________

1. Have you ever been diagnosed with COVID-19?
   □ YES □ NO

2. In the last 14 days, to your knowledge, have you been in contact with anyone with COVID-19?
   □ YES □ NO

3. In the last 14 days, did you work at a facility experiencing an outbreak of COVID-19?
   □ YES □ NO

4. Please list the healthcare facility and/or unit you have worked in during the last 14 days:
   _______________________________________________________________________________________________

5. Do you have any of the following symptoms?
   □ Fever □ Loss of taste or smell
   □ Diarrhea □ Runny nose/congestion
   □ Cough □ Headache
   □ Loss of appetite/nausea □ Sore throat
   □ Muscle ache/fatigue □ Other symptoms of a cold
   □ No Symptoms

I certify that the above is true to the best of my knowledge.

Student/Instructor Name: ______________________ DOC/Manager Name:________________________

Student/Instructor Signature: ___________________ DOC/Manager Signature:_____________________

Date: ________________________________________ Date: ________________________________________

If you have checked YES to any of the above, student/instructor to notify their DOC/Manager. The DOC/Manager may not schedule student/instructor for practicum until cleared by Public Health.
• VCH Public Health will call student/instructor directly to identify earliest possible start date
• Student/instructor with any symptoms should seek COVID-19 testing, while awaiting a call from VCH Public Health
• If an urgent assessment is needed, please call Public Health at 604-675-3900 and have your PHN ready

If NO to all questions, proceed with planned shift.
HOW TO SUBMIT THE FORM:

- 3 business days prior to their first shift, student/instructor must complete this form, sign it (either on paper or electronically) and:
  - If Group Student: send it to the Group Instructor. The Instructor will need to submit the completed forms for their group to DOC/Manager at least 3 business days prior to their first scheduled shift.
  - If Preceptorship Student: send it to their DOC/Manager at least 3 business days prior to their first scheduled shift.

- DOC/Manager must ensure the form is fully completed and fax to VCH Public Health at 604-731-2756 a minimum of 24 hours prior to their scheduled shift.