LTC COVID-19 ENHANCED STAFF SCREENING QUESTIONNAIRE

NEW STAFF AND STAFF WHO HAVE BEEN AWAY FROM WORK FOR MORE THAN 14 DAYS, MUST COMPLETE THIS FORM 72 HOURS PRIOR TO THEIR FIRST SHIFT.

Staff Name: ___________________________ Phone Number: ___________________________

Date of first planned shift: ___________________________ Facility Name: ___________________________

1. Have you ever been diagnosed with COVID-19?
   □ Yes □ No
   If yes, what was your clearance date? _____________________________________________

2. In the last 14 days, to your knowledge, have you been in close contact with anyone with COVID-19 and/or have you traveled outside of Canada?
   □ Yes □ No
   If yes, were you required to quarantine and/or self-isolate?
   □ Yes □ No
   If yes, what is your clearance date? _____________________________________________

3. In the last 14 days, did you work at a Care Home experiencing an outbreak of COVID-19?
   □ Yes □ No
   If yes, specify name of Care Home and unit/dept: __________________________________
   If yes, have you received two doses of the COVID-19 vaccine?
   □ Yes □ No
   If yes, was the second dose received at least 14 days prior to the declaration of the outbreak? (PH will use this information to determine your start date)
   □ Yes □ No

4. Please list any healthcare facilities and/or units you have worked in during the last 14 days:
   __________________________________________________________

5. Do you have any of the following symptoms? (Not applicable to those recovering from an acute COVID-19 infection and have been cleared by public health)

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

Staff Name: ___________________________ DOC/Manger Name: ___________________________

Staff Signature: ___________________________ DOC/Manager Signature: ___________________________

Date: ___________________________ Date: ___________________________

DOC/Manager Phone Number: ___________________________

If YES to any of the above, staff to notify their DOC/Manager. The DOC/Manager may not schedule staff to work until cleared by Public Health.

- VCH Public Health will call staff directly to identify earliest possible start date
- Staff with any symptoms should seek COVID-19 testing, while awaiting a call from 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.

What to do with this form:

✓ 72 hours prior to your first scheduled shift send this form to your DOC/Manager.
✓ DOC/Manager to review form for completion and fax form to VCH Public Health at 604-731-2756 24 hours prior to their scheduled shift.

15 July 21