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 HOUR 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

2. In the last 14 days, to your knowledge, have you been in contact with anyone with COVID-19 and/or have you traveled outside of Canada, including the United States?
   □ 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 or sweats      □ Loss of taste or smell
   □ Diarrhea            □ Runny nose or congestion
   □ Cough               □ Headache
   □ Loss of appetite/nausea □ Sore throat/painful swallowing
   □ Muscle aches, fatigue, or weakness □ No symptoms

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 you have checked 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 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.

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.