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 AND SUBMIT IT TO THEIR DIRECTOR OF CARE OR MANAGER

Facility Name:___________________  Staff Name:_______________________

Date of first planned shift:__________

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 all healthcare facilities you have worked in during the last 14 days

____________________________________________________________________________________

If YES to any of the above, staff to notify their DOC/Manager and call VCH Public Health at 604-675-3900 for an assessment. The DOC/Manager may not schedule staff to work until cleared by Public Health.

If NO, proceed with question #5

5. Do you have any of the following symptoms?
   ☐ Fever
   ☐ Loss of taste or smell
   ☐ Diarrhea

If YES to any of these symptoms, please go to a staff a testing site. Staff must notify their DOC/Manager and call VCH Public Health at 604-675-3900 for an assessment. The DOC/Manager may not schedule staff to work until cleared by Public Health.

If NO, proceed with question #6

6. Do you have any of the following symptoms?
   ☐ Cough
   ☐ Runny nose/congestion
   ☐ Loss of appetite/ nausea
   ☐ Headache
   ☐ Muscle ache/fatigue
   ☐ Sore throat
   ☐ Other symptoms of a cold

If YES to any of these symptoms, please go to a staff a testing site. A negative test is required before you can start your first shift. Proceed with planned shift if symptoms are stable or improving.

If NO, proceed with planned shift.
I certify that the above is true to the best of my knowledge.

Staff Name:______________________   DOC/Manager Name:______________________
Staff Signature:____________________   DOC/Manager Signature:___________________
Date:____________________________   Date:____________________________________

What to do with this form:
-72 hours prior to their shift staff must complete this form, sign it and send it to their DOC/Manager at least 48 hours prior to their 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.