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
   If yes to #1, what was your clearance date? ____________________________________________

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
   If yes to #2, what is your clearance date? ____________________________________________

3. In the last 14 days, did you work at a facility experiencing an outbreak of COVID-19?
   - Yes
   - No
   If yes to #3, specify units/departments? ____________________________________________

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

6. 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)

<table>
<thead>
<tr>
<th>Symptom</th>
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<tbody>
<tr>
<td>- Fever or sweats</td>
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<tr>
<td>- Cough</td>
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<tr>
<td>- Loss of taste or smell</td>
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<tr>
<td>- Diarrhea</td>
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<td>- Loss of appetite/ nausea</td>
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<tr>
<td>- Shortness of breath/difficulty breathing</td>
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<tr>
<td>- Runny nose or congestion</td>
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<tr>
<td>- Headache</td>
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<tr>
<td>- Sore throat/painful swallowing</td>
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<tr>
<td>- Muscle aches, fatigue, or weakness</td>
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<tr>
<td>- No symptoms</td>
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</tbody>
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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: ___________

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.