

Staff, Physician, and Contractor Screening Questionnaire

The information collected in this questionnaire will be used and disclosed information solely for the purposes of determining fitness for work during the COVID-19 pandemic as per Carewest’s obligations to provide a safe work and care environment for Carewest staff, physicians, contractors, vendors, residents and clients. Questions about the collection, use and disclosure of information contained on this form may be directed to Employee Health and Safety at 403-943-8182.

We require you to fill out the below questionnaire to assist Carewest in determining your fitness to work and to provide your consent in having Carewest test and record your temperature.

Date: _____ Unit/Area: _____ Role: _____

Printed Name: _____ Signature: _____ Phone #: _____

Risk Assessment: Screening Questions

1	Do you have any of the symptoms below?	Please Circle	
	• Fever (38.0 degrees Celsius or greater)	Yes	No
	• New onset of (or change in chronic) cough	Yes	No
	• Shortness of breath	Yes	No
	• Difficulty breathing	Yes	No
	• Sore throat	Yes	No
	• Runny Nose	Yes	No
	• Feeling unwell/fatigued	Yes	No
	• Nausea/vomiting/diarrhea	Yes	No
2	Recorded temperature: (must be below 38 degrees Celsius)		
3	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
In the past 14 days, while not wearing Personal Protective Equipment:			
4	Have you had close contact with someone who has a probable or confirmed case of COVID 19 OR an employee of Cargill meat plant?	Yes	No
5	Have you had close contact with someone who has acute respiratory illness/ cough or fever that started within 14 days of their close contact to someone with a probable or confirmed case of COVID 19?	Yes	No
6	Have you had close contact with someone who had acute respiratory illness/cough or fever who returned from travel outside of Canada in the past 14 days before they became sick?	Yes	No

***Close contact** is an individuals that provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE), **OR** lived with or otherwise had close prolonged contact (within two metres/six feet) with a person while the case was ill, **OR** had direct contact with infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

If you answer “YES” to any questions or have a fever of 38 C or greater, you will not be permitted to work at this time.

7	In the last 14 days did you work at another employer or other Carewest site? If yes, please identify the organization and specific site: _____	Yes	No
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If “Yes” to question 7, you will need to review your access with the site Director or designate (e.g. MRP). Do not proceed further.

Declaration: *I have answered the above questions truthfully and to the best of my knowledge. I understand that answering falsely to any of the above questions places clients and residents at harm. I understand that there will be employment consequences for answering falsely to the above questions and this may include disciplinary action up to and including termination of employment.*

Approved for access	Y	N
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