

Employee COVID-19 Screening Tool

Required Screening Questions

1. Do you have any of the following new or worsening symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*

Fever or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty breathing or shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat, trouble swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose/stuffy nose or nasal congestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decrease or loss of smell or taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting, diarrhea, abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not feeling well, extreme tiredness, sore muscles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you travelled outside of Canada in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had close contact with a confirmed or probable case of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List the names of anyone that answered “Yes” to any of the screening questions:

Date:
Name:
Name:
Name:
Name:
Name:
Name:
Name:
Name:
Name:
Name:
Name:
Name:

Results of Screening Questions:

- If the individual answers **NO** to all questions from 1 through 3, they have passed and can enter the workplace.
- If the individual answers **YES** to any questions from 1 through 3, they have not passed and should not be allowed to enter the workplace and should be advised to wear a mask or face covering, immediately return to their residence, self-isolate within the housing accommodation and be instructed to continue to self-monitor for symptoms such as fever, cough, or difficulty breathing. Employers should inform the local public health unit of any symptomatic individuals. All workers and employers can use the Ministry of Health’s [online COVID-19 self-assessment tool](#) if they need help determining whether they should seek further care.

