

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 HOURS 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, what was your clearance date? _____

2. In the last 14 days, to your knowledge, have you been in close contact with anyone with COVID-19 and/or have you traveled outside of Canada, including the Unites States?

Yes No

If yes, were you required to quarantine and/or self- isolate?

Yes No

If yes, 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, specify units/departments: _____

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

5. Please provide dates of COVID-19 vaccination, if any:

Dose 1: _____ Dose 2: _____

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)

<input type="checkbox"/> Fever or sweats	<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of taste or smell
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Loss of appetite/ nausea	<input type="checkbox"/> Shortness of breath/difficulty breathing
<input type="checkbox"/> Runny nose or congestion	<input type="checkbox"/> Headache	<input type="checkbox"/> Sore throat/painful swallowing
<input type="checkbox"/> Muscle aches, fatigue, or weakness	<input type="checkbox"/> 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 YES to any of the above (except question 5), 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.