

### Daily Fit for Work or Essential Visitor Screening Questionnaire for Continuing Care

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

As per Chief Medical Officer of Health [Orders](#) and AHS Visitor Policy, staff and designated essential visitors must complete a temperature check and questionnaire prior to entering a long term care, designated supportive living or congregate living facility.

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

All visitors must:

- Be expected by the site by prearranging visits with the facility manager.
- Sign in and out. Document arrival and exit times (if entering the building).
- Complete hand hygiene (wash for 30 sec and/or use hand sanitizer) and wear a mask provided by the site.
- Be escorted by site staff to the Resident's room or to the outdoor space (if not accessible without entry to the building) and remain in the Resident's room or outdoor space. Visitation with other residents is not permitted.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work or visitation during the COVID-19 pandemic.

The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work or visit.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever (over 38° Celsius), chills, cough, shortness of breath/difficulty breathing, sore throat/painful swallowing, stuffy/runny nose, headache, muscle/joint aches, feeling unwell/fatigued/severe exhaustion, nausea/vomiting/diarrhea/unexplained loss of appetite, loss of sense of smell or taste, and/or conjunctivitis (pink eye)?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
<b>In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:</b>			
3.	Did you have close contact* with a person who is being investigated for or has a probable** or confirmed case of COVID-19?	Yes	No
4.	Did you have close contact* with a person who is ill with cough and/or fever?	Yes	No
5.	Did you have close contact* with a person showing symptoms above who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

**Please share your completed questionnaire with the screener.**

**If you answer "YES" to any of the above, you are not permitted to attend work or visit at this time and you must complete** the [Self-Assessment Tool](#) at [ahs.ca/covid](https://ahs.ca/covid) to determine your need for self-isolation and COVID-19 testing. Healthcare workers, please inform **ALL** managers/leads you report to.

**If you answer "NO" to all of the above, you can proceed to work or with your visit.** If you develop any of the above symptoms, please complete a new questionnaire. **Note:** If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the [Self-Assessment Tool](#) determine your need for COVID-19 testing.

An online questionnaire tool for staff and physicians is now available - visit [ahs.ca/fitforwork](https://ahs.ca/fitforwork).

\*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

\*\*Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

This screening questionnaire must be kept at the site for 14 days at which time it can be destroyed in a confidential manner.