



# COVID-19 Screening Tool

Name (Print): \_\_\_\_\_ Department: \_\_\_\_\_

In-Person (Yes/No): \_\_\_\_\_ Telephone Call (Yes/No): \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_

**IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELLED OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS YOU ARE NOT PERMITTED TO ENTER THE \_\_\_\_\_ FACILITY.**

### SECTION A:

Are you experiencing any of the following symptoms with unknown cause?

▪ fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days?  Yes  No

Have you or anyone from your household travelled outside of Canada?  Yes  No

### OFFICE USE ONLY

In-person, the person being screened was:

▪ Unfit to work and sent home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Sent back to work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Referred to a doctor or Public Health with benefit forms (if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

On the telephone, the person being screened was:

▪ Instructed to stay or remain at home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Referred to go see a doctor or Public Health and sent benefit forms (if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Advised they can come to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SECTION B:

If the person being screened was directed to self-quarantine for 14 days post-travel/exposure risk, indicate the start date: \_\_\_\_\_ and the end date: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Quarantine Was Completed



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**Comments:**

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**IF YOU ARE BEING REFERRED TO PUBLIC HEALTH FROM THIS SCREENING, CONTACT THE PUBLIC HEALTH DEPARTMENT FOR YOUR AREA OR TELEHEALTH ONTARIO AT 1-800-797-0000 (FOR THOSE IN ONTARIO).**

Facility Representative or H&S Designate: \_\_\_\_\_ Date: \_\_\_\_\_

**Please call Plant Manager, H&S Designate, or Production Manager for assistance.**

**Reference:** Centers for Disease Control and Prevention website <https://www.cdc.gov/>

**Version Date:** March 15, 2020

For further information on COVID-19, refer to the Public Health Agency of Canada  
<https://www.canada.ca/coronavirus>