

Sample COVID-19 Screening Form for Employers

Name of Employee: _____ Date: _____

1. Have you travelled outside of Canada in the last 14 days (circle answer)? **YES or NO**

2. Has someone you are in close contact with tested positive for COVID-19 in the last 14 days? **YES or NO**

3. Are you in close contact with a person who is sick with new respiratory symptoms or who recently traveled outside of Canada? **YES or NO**

4. Do you have a fever? (temperature ≥ 37.8 °C)
T° _____ (Screener will have employee take temperature) **YES or NO**

5. Do you have any of these symptoms* **YES or NO**

- | | |
|---|---|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Headache that is unusual or long-lasting |
| <input type="checkbox"/> New or worsening cough (dry or productive) | <input type="checkbox"/> Runny or stuffy nose (not related to seasonal allergies or other known causes or conditions) |
| <input type="checkbox"/> Barking cough (croup) | <input type="checkbox"/> Nausea/vomiting/diarrhea/abdominal pain |
| <input type="checkbox"/> Shortness of breath/difficulty breathing | <input type="checkbox"/> Muscle aches |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Unexplained fatigue/malaise |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Falling more than usual |
| <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pink eye (conjunctivitis) | |

If you have answered:

- NO to all** questions – **PASS**. You may enter the building and proceed as scheduled.
- YES to any** questions from #1 to #4 – **FAIL**. Put on a surgical mask, go home immediately and self-isolate. You may work from home if appropriate.
- YES to #5 only** – **FAIL**. Go to question #6.

6. Are these symptoms typical for you (i.e. history of allergies, migraines, other known medical condition that usually causes these symptoms)?

- YES** – Please self-isolate. Contact your doctor for a note confirming that symptoms are typical before returning to work.
- NO** – Go home immediately and self-isolate. You may work from home if appropriate.

Screener Signature: _____ Employee Signature: _____

* The list of COVID-19 symptoms is evolving continuously. For an updated list consult www.ontario.ca/coronavirus

For instructions on self-isolation and what to do if you have symptoms, visit www.EOHU.ca/coronavirus.