



Health Screening Tool

Guidelines

Please conduct this questionnaire daily, at designated entry points, and before entering the site to prevent the spread of COVID-19 and to reduce the risk of exposure to workers. This health screening applies to **every person accessing** _____ site at any time.

Health screening is voluntary. Complying with our safety measures will help us protect worker safety. Any person who refuses to answer screening questions will not be permitted site access and/or work. NO exceptions.

Screening Station

1. Every person conducting screening must wear at least gloves, face mask, and safety glasses, without exception.
2. Each person being screened, and the person screening, must stay at least 2 metres/6 feet apart.
3. If there is a line of people waiting to be screened, they must remain at least 2 metres/6 feet away from each other and from a person being screened. This will ensure physical distance and the privacy of the person being screened.

Screening Questions

Each person interviewed should be asked these questions in a manner that respects their privacy and cannot be overheard.

1. Are you experiencing, or have you experienced, any of the following in the past 10 days?
 - A new cough/sneezing? Or an existing cough/sneezing that has gotten worse?
 - Fever (38°C or 100.4 F)?
 - Severe shortness of breath or trouble breathing?
 - Sore throat?
 - Severe fatigue, trouble waking up?
 - Confusion or loss of consciousness?
 - Lost appetite? Lost sense of smell/taste?
 - Chills?
 - Runny nose?
 - Nausea and vomiting?
2. Have you travelled to any countries outside Canada, including the United States, within the last 14 days?

COVID-19



3. Within the last 14 days, did you provide care for, or have close contact with, someone who has symptoms of COVID-19 (cough, fever, sneezing, difficulty breathing, or sore throat)?
4. Have you had close contact (within 2 metres/6 feet) with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19?

If you answered YES to ANY of the questions above, please notify your supervisor and go home.

Date		Worker Name	
Employer		Contact Phone Number	

1	<p>Are you experiencing or have you experienced any of the following in the past 10 days:</p> <ul style="list-style-type: none"> • Fever (38°C or 100.4 F) • New cough/sneezing or an existing cough/sneezing, or other symptoms that have gotten worse • Severe shortness of breath or trouble breathing • Sore throat • Confusion, loss of consciousness • Lost appetite, lost sense of smell/taste • Severe fatigue or trouble waking up • Chills • Runny nose • Nausea and vomiting 	NO	YES
2	Have you travelled to any countries outside Canada, including the United States, within the last 14 days?	NO	YES
3	Within the last 14 days, did you provide care for, or have close contact with, someone who has symptoms of COVID-19 (cough, fever, sneezing, difficulty breathing, or sore throat)?	NO	YES
4	Have you had close contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19?	NO	YES