

Hospital Volunteer Screening Form



Thunder Bay Regional
Health Sciences
Centre

If you are unable to complete the online screening tool, please complete this form every day prior to your shift and submit it to your manager. Allow extra time so that you are prepared to start your shift on time. If you answer **yes** to any of the questions, please call Occupational Health and Safety at the numbers listed below. If you answer **no** to all questions, please proceed with your shift.

Your Name: _____

Today's Date: _____

1 I attest that I have provided proof that I am fully vaccinated to Occupational Health and Safety (OHS) (definition: fully vaccinated is defined as individuals who are 14 days past their final dose of Health Canada-approved vaccine). YES NO

OR

I am/will be following the Rapid Antigen testing protocol offered by my employer OR I have been temporarily excluded from asymptomatic testing by OHS as recommended by the Thunder Bay District Health Unit (TBDHU).

2 Are you experiencing one of the following new or worsening symptoms:

• Fever	• Sore throat	• Change in sense of smell/taste
• Cough	• Runny nose/ sneezing	• Gastrointestinal symptoms (e.g. nausea, vomiting and/or diarrhea)?
• Difficulty breathing	• Nasal congestion	
• Muscle aches	• Hoarse voice	
• Fatigue	• Difficulty swallowing	
• Headache	• Chills	

YES NO

3 Have you traveled outside of Canada in the last 14 days? (Answer NO if you have been cleared by OHS or ArriveCAN has exempted you from quarantine) YES NO

4 Have you had close contact, without personal protective equipment (PPE) with a confirmed or probable case of COVID-19 in the last 14 days? (answer NO if you have been cleared by OH&S to return to work) YES NO

5 In the last 14 days, have you been diagnosed with COVID-19 by a lab test or are you waiting for results of a lab test for COVID-19? YES NO

Occupational Health and Safety (684-6212)	Monday to Friday: 0715-1630. *On weekends, please leave a message.
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