Hospital Staff Screening Form



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.

You	r Name:				
Tod	ay's Date:				
1	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-	one of the follo am ollowing he Rapid Antigen esting orotocol offered by my employer.	I have been temporarily excluded from	YES If you answe please call (numbers list	OHS at the
If you answer YES to any of the following questions, please call OHS at the numbers listed below. If you answer no to all questions, please proceed with your shift.					
2	In the past 5 days, have you experienced one of the following: Fever and or Chills, Cough, Shortness of Breath/Difficulty Breathing, Decrease or Loss of taste or smell OR two or more of the following symptoms: Runny Nose/Nasal Congestion, Headache, Extreme Fatigue, Sore Throat, Muscle Aches/Joint Pain, Gastrointestinal Symptoms (ex. Nausea, Vomiting, Diarrhea).				
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)				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?				
Occupational Health and Safety (684-6212) Monday to Friday: 0715-1630. *On weekends, please leave a message.					