

Hospital Staff 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.

Your Name: _____

Today's Date: _____

1 I attest that I am compliant with one of the following:

<p>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).</p>	OR	<p>I am following the Rapid Antigen testing protocol offered by my employer.</p>	OR	<p>I have been temporarily excluded from asymptomatic testing by OHS as recommended by the Thunder Bay District Health Unit (TBDHU).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	-----------	--	-----------	--	--

If you answer NO, please call OHS at the numbers listed below.

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).

YES NO

3 Have you had close contact, without personal protective equipment (PPE) with a confirmed or probable case of COVID-19 in the last 10 days? (answer NO if you have been cleared by OH&S to return to work)

YES NO

4 In the last 10 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.
--	---