



COVID-19 Screening Tool

Name (Print): _____ Department: _____

In-Person (Yes/No): _____ Telephone Call (Yes/No): _____

Date: _____ Time In: _____

IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELED OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS YOU ARE NOT PERMITTED TO ENTER THE _____ FACILITY.

SECTION A:

Are you experiencing any of the following symptoms with unknown cause?

▪ fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days? Yes No

Have you or anyone from your household travelled outside of Canada? Yes No

OFFICE USE ONLY

In-person, the person being screened was:

▪ Unfit to work and sent home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Sent back to work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Referred to a doctor or Public Health with benefit forms (if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

On the telephone, the person being screened was:

▪ Instructed to stay or remain at home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Referred to go see a doctor or Public Health and sent benefit forms (if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Advised they can come to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION B:

If the person being screened was directed to self-quarantine for 14 days post-travel/exposure risk, indicate the start date: _____ and the end date: _____

____/____/____
Date Quarantine Was Completed



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Comments:

**IF YOU ARE BEING REFERRED TO PUBLIC HEALTH FROM THIS SCREENING,
CONTACT THE PUBLIC HEALTH DEPARTMENT FOR YOUR AREA OR TELEHEALTH
ONTARIO AT 1-800-797-0000 (FOR THOSE IN ONTARIO).**

Facility Representative or H&S Designate: _____ Date: _____

Please call Plant Manager, H&S Designate, or Production Manager for assistance.

Reference: Centers for Disease Control and Prevention website <https://www.cdc.gov/>

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For further information on COVID-19, refer to the Public Health Agency of Canada

<https://www.canada.ca/coronavirus>