



WORKFORCE RESET

A Playbook for Workforce and Employer Resilience

COVID-19 SCREENING FORM FOR EMPLOYERS

Name of Employee: _____ Date: _____

- | | | |
|--|-----|----|
| 1. Have you travelled outside of Canada in the last 14 days? | Yes | No |
| 2. Has someone you are in close contact with tested positive for COVID-19 in the last 14 days? | Yes | No |
| 3. Are you in close contact with a person who is sick with new respiratory symptoms or who recently traveled outside of Canada? | Yes | No |
| 4. Do you have a fever? (temperature ≥ 37.8 °C)
T° _____ (Screener will have employee take temperature) | Yes | No |
| 5. Do you have any of these symptoms* | | |
| Chills | Yes | No |
| New or worsening cough (dry or productive) | Yes | No |
| Barking cough (croup) | Yes | No |
| Shortness of breath/difficulty breathing | Yes | No |
| Sore throat | Yes | No |
| Difficulty swallowing | Yes | No |
| Loss of taste or smell | Yes | No |
| Pink eye (conjunctivitis) | Yes | No |
| Headache that is unusual or long-lasting | Yes | No |
| Runny or stuffy nose (not related to allergies or known causes) | Yes | No |
| Nausea/vomiting/diarrhea/abdominal pain | Yes | No |
| Muscle aches | Yes | No |
| Unexplained fatigue/malaise | Yes | No |
| Falling more than usual | Yes | No |
| Other _____ | Yes | No |
| 6. If you answered 'Yes' to any of Q5, are these symptoms typical for you (i.e. history of allergies, migraines, other known medical conditions that usually causes these symptoms)? | Yes | No |

If you have answered NO to all questions, you may enter the building and proceed as scheduled.

If you have answered YES to any questions from 1 to 4 – DO NOT ENTER. Put on a surgical mask, go home immediately and self-isolate. You may work from home if appropriate.

If you answered YES to Q5 See question 6.

- If you have answered YES to Q6 - Please self-isolate. Contact your doctor for a note confirming that symptoms are typical before returning to work.
- If you have answered NO to Q6 - Go home immediately and self-isolate. You may work from home if appropriate.

Screener Signature: _____ Employee Signature: _____

* The list of COVID-19 symptoms is evolving continuously, [check the BCCDC for an updated list](#).