

All staff are required to complete the COVID-19 Staff Screening Form at the beginning of and at approximately halfway through each shift (for shifts longer than 4 hours). If you begin experiencing any of the symptoms listed below during your shift, notify your manager, leave the facility and call EARL (or follow the absence reporting process for your area), and seek testing at an assessment centre.

COVID-19 Risk Assessment		
1. Are you experiencing any new or worsening symptoms?		
<ul style="list-style-type: none"> Fever Cough Shortness of breath Headache Chills 	<ul style="list-style-type: none"> Sore throat or painful swallowing Loss of sense of smell Loss of sense of taste Loss of appetite Runny nose 	<ul style="list-style-type: none"> Muscle aches Fatigue Nausea and/or vomiting Diarrhea
2. Have you been swabbed due to experiencing COVID-19 symptoms and have a pending result?		
3. In the last 14 days, have you been advised to self-isolate or quarantine at home by Public Health or by the Canada Border Services Agency?		

If you answered **YES** to any of the symptoms in question #1, you must not enter the facility; call EARL (or follow the absence reporting process for your area) and seek testing at an assessment centre.

If you answered **YES** to question #2, you must not enter the facility; call EARL (or follow the absence reporting process for your area) and self-isolate until the result is confirmed negative and your symptoms resolve.

If you answered **YES** in question #3, continue following directions provided by Public Health or Canada Border Services Agency and speak with your manager before returning to work.

I have reviewed the above symptom list and confirm that I do not have any new or worsening symptoms. I am aware that I must follow all current BC Provincial Health Officer orders.



fraserhealth.ca/COVID19

Site			Start-of-shift screening			Mid-shift screening		
Name (please print)	Area	Date (dd/mm/yyyy)	Time (0000)	Temp.* <38.0°C	Initials	Time (0000)	Temp.* <38.0°C	Initials

