

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.

Staff Information

Full Name: _____ Date: _____
Last First

Phone number: _____

Shift area/unit: _____

Screening: First screening (start of shift) Time (00:00): _____
 Second screening (halfway through shift) Time (00:00): _____

COVID-19 Risk Assessment		
1. Are you experiencing any new or worsening symptoms?		
<ul style="list-style-type: none"> Fever Cough Difficulty breathing Headache Chills 	<ul style="list-style-type: none"> Sore throat Loss of sense of smell Loss of sense of taste Loss of appetite Body aches 	<ul style="list-style-type: none"> Extreme fatigue or tiredness Nausea 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 symptoms 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.*



Signature: _____

fraserhealth.ca/COVID19

Completed by Facility Screener (required in LTC)

Temperature < 38.0°C: Yes No