

COVID-19 –Self-Assessment Questionnaire

- 1) This questionnaire can be used for personnel as a self-assessment tool.
- 2) The questionnaire must take place respecting physical distancing.
- 3) This questionnaire is modelled after the Government of Canada COVID-19 online Self-Assessment tool (available at: <https://ca.thrive.health/covid19/en>). If indicated to self-isolate, it is recommended to contact local public health authorities to determine if COVID-19 testing is required, or if symptoms are related to a preexisting medical condition and/or other (i.e. seasonal allergies).
- 4) If all answers are “No”, you screen as negative and are low risk for COVID-19. You may enter the workplace setting as per established protocols.
- 5) If any answer is “Yes”, you may be at high risk for infection or may be required to self-isolate. You may not enter the workplace setting.

START QUESTIONNAIRE				
#	Question	Answer (mark with 'X')		Recommendations
		NO	YES	
1	Are you experiencing <u>any</u> of the following: <ul style="list-style-type: none"> • Severe difficulty breathing (e.g. struggling to breathe or speak in single words) • Severe chest pain • Having a very hard time waking up • Confusion • Recent loss of consciousness 	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Call 911 or go directly to your nearest emergency department.
2	Are you currently experiencing, or have you experienced in the last 14 days, <u>any</u> of the following: <ul style="list-style-type: none"> • Shortness of breath (even when you're not active) • Inability to lie down because of difficulty breathing • Chronic health conditions that you are having difficulty managing because of difficulty breathing • Fever • New cough • Sore throat • Runny nose • Unexplained Headache • Unexplained muscle aches and pain • Loss of appetite • Loss of taste or smell • Diarrhea • New rash on skin or discoloration of fingers and toes 	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Self-isolate and contact your manager/supervisor immediately to let them know you are unwell and unable to work and follow their instructions. ▶ Recommend contacting Public Health Authority or family doctor.
3	Have you travelled outside of Canada in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Self-Isolate and inform your manager/supervisor ▶ Follow instructions from local public health authorities.
4	Have you been directed to self-isolate by public health authority in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Follow instructions from local public health authorities.
5	Does someone you are in close contact ² with have COVID-19 (for example someone in your household or workplace)?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Follow instructions from local public health authorities.
6	Are you in close contact ¹ with a person who is sick with new respiratory, digestive or other symptoms (eg. listed in #2) <u>OR</u> a person who recently travelled?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▶ Follow instructions from local public health authorities.
END QUESTIONNAIRE				

² A close contact is defined as a person who:

- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment; or
- Lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious; or
- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

By entering the workplace, you are affirming that you are not experiencing any of the above symptoms and have not experienced any of the exposure risks.

Name and Company Represented:	Signature:	Date/Time of Assessment:
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