

Staff Screening Questions

1. Do you have a **NEW ONSET COUGH, SORE THROAT, SHORTNESS OF BREATH, OR FEVER/CHILLS** (temperature of $\geq 37.8^{\circ}\text{C}$)?

2. Do you have any **NEW** symptom of a **RESPIRATORY ILLNESS** including:

- A runny nose, sneezing, nasal congestion (***not due to allergies***)
- Unexplained fatigue or malaise
- Nausea, diarrhea
- Changes in your sense of taste/smell?

3. In the past 14 days, have you been in **close contact** with a person with a confirmed case of COVID-19 where required PPE was not worn?

4. In the past 14 days, have you had close contact with a member of your household who is **suspected or been confirmed to have COVID-19**, OR **been in contact with a sick traveler?**

Asymptomatic/Surveillance testing does not apply and is NOT a reason for work exclusion

5. In the last 14 days, have you **TRAVELLED** outside of **Canada?**