

Hospital Staff Screening Form



Thunder Bay Regional
Health Sciences
Centre

If you are unable to complete the online screening tool, please complete this form every day prior to your shift and submit it to your manager. Allow extra time so that you are prepared to start your shift on time. If you answer **yes** to any of the questions, please call Occupational Health and Safety at the numbers listed below. If you answer **no** to all questions, please proceed with your shift.

Your Name: _____

Today's Date: _____

1 Are you experiencing one of the following new or worsening symptoms:

- Fever
 - Cough
 - Difficulty breathing
 - Muscle aches
 - Fatigue
 - Headache
 - Sore throat
 - Runny nose/ sneezing
 - Nasal congestion
 - Hoarse voice
 - Difficulty swallowing
 - Chills
 - Change in sense of smell/taste
 - Gastrointestinal symptoms (e.g. nausea, vomiting and/or diarrhea)?
- YES NO

2 Have you travelled outside of Northwestern Ontario (Manitoba Border to White River) in the last 14 days? YES NO

3 Have you had close contact without personal protective equipment (PPE) with anyone with a confirmed or probable (being tested at present) case of COVID-19? YES NO

4 In the last 14 days, have you been diagnosed with COVID-19 by a lab test or are you waiting for results of a lab test for COVID-19? YES NO

Occupational Health
and Safety (684-6212)

Monday to Friday: 0730-1800
Saturday and Sunday: Messages will be checked.