

ALBERTA WORKSPACE FORM

Daily Fit for Work or Essential Visitor Screening Questionnaire

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work or visitation during the COVID-19 pandemic.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to preexisting conditions or allergies can still go to work or visit.

Name Johnathan Grizzly
Do you have any of the following symptoms? <input checked="" type="checkbox"/> Fever <input type="checkbox"/> Cough <input checked="" type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Sore throat <input checked="" type="checkbox"/> Runny nose
Have you returned to Canada from outside the country (including USA) in the past 14 days? Yes
IN THE PAST 14 DAYS, AT WORK OR ELSEWHERE, WHILE NOT WEARING APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT:
Did you have close contact* with someone who has a probable** or confirmed case of COVID-19? Yes
Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19? Yes
Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick? Yes
Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19? Yes
<p>If you answer "YES" to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate. For healthcare workers, complete the Healthcare Worker Self-Assessment Tool at ahs.ca/covid to determine your need for COVID-19 testing. Please inform ALL managers/leads you report to.</p> <p>If you answer "NO" to all of the above, you can proceed to work or with your visit. If you develop symptoms, please complete a new questionnaire.</p>
Signature 