WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGRÉMENT CANADA

STAFF COVID-19 SCREENING FORM

Please complete this form every day prior to your shift and bring to the screening area to ensure that you are able to be screened in an efficient manner.

Allow extra time so that you arrive on time at your assigned area. Follow the directions based on your self-assessment**.**

If you answer YES to questions 1b, 2b, 3 below please call Employee Health at the numbers below.
If you answer NO to statement 4b please call Employee Health at the numbers below.

Your Name:_____ **Today's Date:**_____
(MM/DD/YYYY)

1. A) In the last 14 days have you travelled outside of Canada?
☐ Yes (go to question 1B) ☐ No (go to question 2)

B) Has PHAC or CBSA imposed any restriction on your return to Canada?

☐ Yes (Call Employee Health) ☐ No (cleared for question 1)

2. A) Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?
☐ Yes (go to question 2B) ☐ No (go to question 3)

B) Have you reported this to WRH Employee Health and been cleared to return to work?
☐ Yes (cleared for question 2) ☐ No (Call Employee Health)

3. Do you have any ONE of the following symptoms?
☐ Yes (Call Employee Health) ☐ No (go to question 4)

- ○ Fever
- ○ New onset of cough
- ○ Worsening chronic cough
- ○ Shortness of breath
- ○ Difficulty breathing
- ○ Sore throat
- ○ Hoarse Voice
- ○ Difficulty swallowing
- ○ Decrease or loss of sense of taste/smell
- ○ Chills
- ○ Headaches
- ○ Unexplained fatigue/malaise/muscle aches
- ○ Diarrhea
- ○ Abdominal pain
- ○ Nausea/vomiting
- ○ Pink eye (conjunctivitis)
- ○ Runny nose/sneezing without other known cause
- ○ Nasal congestion without other known cause

4. A) I am confirming I am fully vaccinated for COVID-19 (2 Doses + 14 days post second dose).
☐ Yes (cleared for question 4) ☐ No (go to question 4B)

B) I am confirming that I have had a negative home rapid COVID-19 test on the previous Sunday or Wednesday.
☐ Yes (cleared for question 4) ☐ No (Call Employee Health)

If you pass the screening you will be provided a mask that you must wear while at the hospital

If you Fail Screening - please contact Employee Health immediately and do not enter the hospital

EMPLOYEE HEALTH:

Hours: Monday to Friday, 8:00 am to 4:00 pm **Phone:** 519-254-5577, ext. 52588 or ext. 32525

After Hours: 519-995-1854 or 519-995-0324