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 <u>any</u> questions please call Employee Health at the numbers below.

If you answer No to <u>all</u> questions please present to the designated screening entrances.

Your Name:_____

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

1. In the last 14 days have you travelled outside of Canada? ☐ Yes ☐ No

2. Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE? ☐ Yes ☐ No

3. Do you have any **<u>ONE</u>** of the following symptoms? ☐ Yes ☐ No

- 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

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

If you answered yes to <u>any</u> question do not leave the entrance area - please contact employee health immediately.

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