



COVID-19 Screening Questionnaire

Name: _____

Date: _____

Source: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-questionnaire.pdf>

Disclaimer: This questionnaire is based on the fitness-for-work-screening questionnaire provided by Alberta Health Services for their employees. Please feel free to print hard copies for your particular use. By providing this questionnaire, The City of Calgary assumes no liability for screening practices or results. This information is being provided to assist businesses with their relaunch strategy and should not be relied upon as medical advice. Any and all health-related questions should be directed to Alberta Health Services.

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

This 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.

Risk Assessment: Screening Questionnaire

1	Have you tested positive for COVID-19 in the past 14 days?	Yes	No
2	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever (over 38°), cough, shortness of breath, difficulty breathing or pneumonia, sore throat, runny nose, chills, painful swallowing, stuffy nose, headache, muscle or joint ache, feeling unwell, new fatigue, or severe exhaustion, nausea, vomiting, diarrhea, or unexplained loss of appetite, loss of sense of smell or taste or conjunctivitis (pink eye)?	Yes	No
3	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No

In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

4	Did you have close contact* with someone who has a probable** or confirmed case of COVID-19?	Yes	No
5	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	No
6	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	No

If you answered "YES" to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate. Please contact Alberta Health Services by calling 811 to speak with a nurse.

If you answered "NO" to all of the above, you can proceed to work or with your visit. If you develop symptoms, please complete a new questionnaire.

*Close contact means providing care, living with a person or otherwise having close prolonged contact (within 2 meters) with a person while the person was ill while not wearing personal protective equipment.

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate personal protective equipment, OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive.

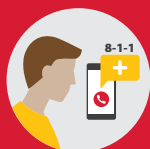
Exposure criteria for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days.

If you answered "YES" to any of the above, you are not permitted to attend work or visit at this time and you must self-isolate.

Please contact Alberta Health Services by calling 811 to speak with a nurse.



return home
& self-isolate



www.ahs.ca/covid