

### Health Care Workforce Screening Questionnaire: GENERAL

The information collected by this questionnaire will be used and disclosed solely for the purposes of screening for fitness for work during the COVID-19 pandemic in accordance with the SHA’s obligations to provide a safe work and clinical environment for all.

We require you to answer the questions below to assist the SHA in determining your fitness to work during COVID-19. You can also access a digital version of this tool at [saskatchewan.ca/covid-19](https://saskatchewan.ca/covid-19) (click on the self-assessment tool).

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

We are not screening for seasonal or environmental allergies; related symptoms to these scenarios would not preclude you from work. The following questions are meant to capture **new symptoms, or a worsening of long-standing symptoms**.

<b>1. Do you have any of the following symptoms:</b>  Fever (temperature ≥ 38.0 Celsius)?  New or worsening respiratory symptoms <b>NOT RELATED</b> to seasonal or environmental allergies i.e. cough, shortness of breath or difficulty breathing, sore throat, runny nose?  <b>New onset atypical</b> symptoms including: chills, aches and pains, headache, loss of sense of smell or taste?	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Have you tested positive for COVID-19?*</b>		
<input type="checkbox"/>		
<b>3. In the last 14 days, have you:</b>  Been outside of Canada, including to the United States?*  Had close contact with a confirmed or probable case of COVID-19?**)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>YES to ANY of 1, 2, or 3</b> You will NOT be permitted to work at this time Contact your manager/supervisor If staff or a physician, contact the OHS Hotline at 1-833-233-4403, otherwise contact HealthLine 811 Self-isolate until you receive further direction		
<b>4. In the last 14 days, have you:</b>  Lived in or visited a community/facility deemed an area of elevated activity for COVID-19?†  Had NON-close contact with a confirmed or probable case of COVID-19?  Been anywhere that has been identified by public health as a risk for acquiring COVID-19, such as in a workplace/location/event with possible exposure?††	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>YES to ANY of 4</b> <u>You may still work</u> , please proceed to temperature check <b>You must also self-monitor</b>		
<b>NO to ALL questions:</b> please proceed to temperature check		

\* If you have an approved travel exemption, you can answer NO, but you will be required to show proof  
 \*\*) If you have received clearance to return to work from OHS/EH/PH following a positive test or exposure, you can answer NO  
 † Current list available at screening stations and online at [saskatchewan.ca/covid-19](https://saskatchewan.ca/covid-19) (in the Daily Fitness for Work Screening section)  
 If you are unable to maintain social distance (2 metres) while at work, please don a mask even if working in a non-clinical area  
 †† Consult [advisories – events/locations](#) – last 14 days ONLY

**Consult the Term Definitions Handout for definitions of: close contact, non-close contact, confirmed case, probable case**

*NB: the clinical characteristics of COVID-19 are still being understood & these screening questions may change as new evidence emerges.*