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**Health and Safety – PRECAUTIONARY**

**Screening Sample**

# COVID-19 Screening Sample

The following sample form was developed in assistance with CDDA members to assist our industry in developing screening forms to monitor the Coronavirus 2019-nCoV (COVID19) to ensure health and safety on the worksite.

**Scope**

As a precautionary measure all members should request that **ALL personnel scheduled for work** to declare the following:

|  |  |
| --- | --- |
| **DATE** |  |
| **EMPLOYEE NAME** |  |
| **EMPLOYEE SIGNATURE** |  |

1. **In the last 14 days have you travelled internationally?**

YES NO

1. **Do you have any of the following flu like symptoms (If Yes, Circle those that apply)?**

YES NO

|  |  |
| --- | --- |
| **new or worsening cough** | **shortness of breath or difficulty breathing** |
| **temperature equal to or over 38°C** | **feeling feverish** |
| **Chills** | **fatigue or weakness** |
| **muscle or body aches** | **new loss of smell or taste** |
| **Headache** | **gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)** |
| **feeling very unwell** |  |

1. **Have you been in close proximity to anyone who has returned from an international location in the last 14 days OR anyone who has had flu like symptoms OR anyone who has been self isolating (this pertains to people self-isolated for one of the reasons listed above)?**

YES NO

1. **WHEN REQUIRED Temperature should be taken to continue to monitor COVID-19 in the workplace.**

Temperature taken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Position/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_