

Daily Fit for Work or Essential Visitor Screening

AHS Staff and Physician Questionnaire

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used solely for the purposes of determining fitness for work, fit for work screening compliance and workforce planning or for the purposes of visitation during the COVID-19 pandemic. If you have questions related to privacy or collection of information contact Alberta Health Services/Alberta Precision Laboratories at 1-877-476-9874 or Covenant Health at 1 866-254-8181 or privacy@covenanthealth.ca

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

The questionnaire only relates to new symptoms or a worsening of symptoms related to allergies, chronic or preexisting conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work.

Updated 14-Oct-2020

Name *

First Last

Date *

 / / 2021 

MM DD YYYY

Work Location *

- Station 3
 Station 2
 Station 1

Platoon *

- Admin
 Platoon 1
 Platoon 2
 Platoon 3
 Platoon 4
 Off Shift Worker
 Contractor/Visitor

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions:

- Fever
- Cough
- Shortness of breath

- Difficulty breathing
- Sore throat
- Runny nose *

- No
- Yes

2. Have you returned to Canada from outside the country (including USA) in the past 14 days? *

- No
- Yes

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

3. Did you have close contact* with someone who has a probable** or confirmed case of COVID-19? *

- No
- Yes

4. 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? *

- No
- Yes

5. 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? *

- No
- Yes

6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19? *

- No
- Yes

If you answer "YES" to any of the above, you are not permitted to attend work at this time and you must self-isolate. Complete the Self-Assessment Tool at ahs.ca/covid to determine your need for COVID-19 testing. Healthcare workers, please inform ALL managers/leads you report to. .

If you answer "NO" to all of the above, you can proceed to work. If you develop any of the above symptoms, please complete a new questionnaire. Note: If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better Complete the Self-Assessment Tool to determine your need for COVID-19 testing.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended 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. Clinical illness of a probable case is new onset/exacerbation of following

symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. 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; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

This personal information is being collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act, R.S.A., 2000 for the purpose of pre-screening individuals for COVID-19 prior to entering a City of St. Albert workplaces. The personal information will be treated in accordance with the privacy protection provisions of Part 2 of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FOIP Coordinator at 780-418-6663.

Updated: 14-Oct-20 13:30h