FRONTLINE STAFF SCREENING

First Name:

Last Name:

Date:_____ I am NOT EXPERIENCING

And not related to known causes or existing conditions

- Fever and/or chills, Cough or barking cough.
- Shortness of breath, Decrease or loss of smell or taste.
- Nausea, Vomiting and/or diarrhea, Sore throat, Runny or congested nose.

Symptoms below don't apply if you began to experience them only after being vaccinated to COVID-19 in the last 48 hours.

- Muscle aches/joint pain, Extreme tiredness, Headache.

During the last 14 days, I have not

- Been travelling outside of Canada AND been advised to quarantine per federal requirement.

In the last 10 days, I have not

- Been tested positive on a rapid antigen test or home-based self-testing kit.
- Been living with someone with symptoms associated with COVID-19 and/or tested positive for COVID-19.
- Received a COVID Alert exposure notification on my cell phone.
- Been identified as a "close contact" of someone who has COVID-19 (confirmed by a PCR test or antigen test). Does not apply if you have since been cleared by public health. That at any time my PPE is removed, I must maintain a distance of 2 meters or 6 feet from others.

I understand and agree

- With the restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks.
- To follow these recommendations and restrictions regularly outside this setting I am seeking to enter.
- To properly don my personal protective equipment and wear it at all times in this setting with the exception of when I am eating.
- That at any time my PPE is removed, I must maintain a distance of 2 meters or 6 feet from others.

I have performed

- A Rapid Antigen Test as per Avenue II Policy and have a negative result

If you select "I decline" do not enter the workplace as you do not pass the screening. You must contact your Manager or On-Call to report your absence.

Please circle one:

I confirm

I decline

Signature: _____