



Avenue II - Frontline Staff Screening

**Complete this self-assessment before entering the workplace**

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.

I am not experiencing two or more of the following (symptoms of Muscle aches/joint pain, Extreme tiredness, Headache don't apply if you began to experience them only after being vaccinated to COVID-19 in the last 48 hours.

- Extreme fatigue, Muscle aches or joint pain, Nausea, Vomiting and/or diarrhea.
- Sore throat, Runny or congested nose, Headache.

Other symptoms that may be associated with COVID-19 and should be monitored, include: Abdominal pain,  
pink eye  
I have not

- been told that I should be quarantining, isolating or staying at home by a health practitioner, public health unit, federal border agent or government authority.

In the last 10 days, I have not

- Tested positive on a PCR, rapid antigen test or home-based self-testing kit.
- Lived with someone with symptoms associated with COVID-19 and/or tested positive for COVID-19.
- Breached PPE when in close contact with someone who has or is suspected of having COVID-19. Does not apply if you have since been cleared by public health.

I understand and agree

- 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 and supporting outside.

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 a Manager or On-Call to report your absence.**

**Please circle one:**

**I confirm**

**I Decline**

Signature: \_\_\_\_\_