

# LTC COVID-19 ENHANCED STAFF SCREENING QUESTIONNAIRE

**NEW STAFF AND STAFF WHO HAVE BEEN AWAY FROM WORK FOR MORE THAN 14 DAYS, MUST COMPLETE THIS FORM 72 HOURS PRIOR TO THEIR FIRST SHIFT.**

Staff Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date of first planned shift: \_\_\_\_\_ Facility Name: \_\_\_\_\_

1. In the last 14 days, to your knowledge, have you been in close contact with anyone with COVID-19?  
 Yes  No

If yes, were you required to quarantine and/or self-isolate?

Yes  No

If yes, what is your clearance date? \_\_\_\_\_

2. In the last 14 days, did you work at a Care Home experiencing an outbreak of COVID-19?  
 Yes  No

If yes, specify name of Care Home and unit/dept: \_\_\_\_\_

If yes, are you fully vaccinated for COVID-19? (2 doses of COVID-19 vaccine or a single dose of Janssen/Johnson & Johnson)

Yes  No

If yes, was your last dose of COVID-19-vaccine (second dose of COVID-19 vaccine or a single dose of Janssen/Johnson & Johnson) received at least 14 days prior to the declaration of the outbreak? (This information will be used to determine your start date)

Yes  No

3. Do you have any of the following symptoms? (Not applicable to those recovering from an acute COVID-19 infection and have been cleared by public health)

<input type="checkbox"/> Fever or chills	<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of sense of smell or taste
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Extreme fatigue or tiredness	<input type="checkbox"/> Headache	<input type="checkbox"/> Body aches
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> No symptoms

I certify that the above is true to the best of my knowledge.

Staff Name: \_\_\_\_\_

DOC/Manager Name: \_\_\_\_\_

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

DOC/Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

DOC/Manager Phone Number: \_\_\_\_\_

- If **Yes** to any of the above, staff to notify their Manager/DOC
- Staff are cleared by their organizational leadership as per [provincial guidance](#)
- Manager/DOC who have any questions or concerns are advised to contact their [ltceoc@vch.ca](mailto:ltceoc@vch.ca)