



COVID-19 Staff Self-Assessment (Part I)

This questionnaire is intended for staff and physicians to assist with ensuring our safety in monitoring our own health, and potential risks for COVID-19.



Please answer the following questions before attending work each day/shift.

Name: _____

HCN: _____

Date of Birth: _____

Employee Number: _____

Contact information: _____

Please check one of the following to indicate the traveler's affiliation with Eastern Health:

☐ Employee (New Hire/Applicant)

☐ Vendor/Contractor

☐ Full Time Physician

☐ Locum Physician

☐ Learner

☐ Other: _____

1. If you answer **"yes"** to any one of the following symptoms call **9-1-1** immediately. If too ill to contact your employer, advise a co-worker to contact you employer immediately.

Do you have any **1** of the following symptoms?

- severe trouble breathing (struggling for each breath, can barely speak)
- bluish lips or face
- short of breath even at rest
- moderate trouble breathing (must speak in short phrases)
- it hurts to take a deep breath
- cannot lie down because of trouble breathing
- current breathing trouble is keeping you from managing your chronic health conditions
- you feel very sick and need to be seen urgently

2. Those who are infected with COVID-19 may have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu.

Do you have one of the following new or worsening symptoms?

- Fever greater than 38° Celsius (or signs of a fever such as chills, sweats, muscle aches and light headedness)
- Cough

Do you have **two or more** of the following **new or worsening** symptoms?

- | | |
|--|---|
| • Sore throat or difficulty swallowing | • Vomiting or diarrhea |
| • Headache | • Runny nose or congested nose |
| • Unusual fatigue or lack of energy | • Loss of sense of smell or taste |
| • New onset of muscle aches | • Chilblain-like lesions on feet and/or hands |
| • Unexplained loss of appetite | (small, red or purple spots on hands and/or feet) |
| • Shortness of breath and difficulty breathing | |

3. Have you travelled out of Newfoundland and Labrador within the last 14 days?

And/OR

For residents of communities along the Labrador-Quebec border only (Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon), have you traveled outside of these areas of Quebec in the last 14 days?

If you are a non-resident of Newfoundland and Labrador and have approval (i.e., a travel exemption, or an approval for extenuating circumstances from the Chief Medical Officer of Health and have completed the 14-day self-isolation) to live/work/visit the Province of Newfoundland and Labrador, please answer the question above for residents.



COVID-19

Staff Self-Assessment (Part II)



4. In the past 14 days have you had close contact with a confirmed case of COVID-19 outside the workplace?

If you answer yes to any of the questions, please:

- Stay at home or if you are at work leave, go home and call Occupational Health.
- Notify your manager/supervisor that you are unable to report to work (or remain at work) today.
- Contact Occupational Health at the following numbers:

709-777-7777 (Options 3,2)

5. In the past 14 days have you had close contact with a confirmed case of COVID-19 in the workplace or in a different workplace, where you were not wearing PPE?

- If **no**, please report to your work assignment.
- If **yes**,
 - Have you reported it to your manger/supervisor, contacted Occupational Health and received appropriate direction from Occupational Health to return to and/or remain at work?
 - If yes, please report to your work assignment.
 - If **no**,
 - Stay at home or if you are at work leave, go home and call Occupational Health.
 - Notify your manager/supervisor that you are unable to report to work (or remain at work) today.
 - Contact Occupational Health at the following numbers:

709 777 7777 (Options 3,2)

Based on the information provided above, are you safe to report to work? ☐ Yes ☐ No

Name: _____ Date: DD/MONTH/YYYY

Signature: _____

Submit