

COVID-19 Daily Self-Screening Questionnaire

These are questions that employees should ask themselves prior to starting to their work day:

Any employee who is experiencing ANY of the symptoms below should NOT enter the workplace until they are symptom free for a full 24 hour period. <https://sharedhealthmb.ca/covid19/screening-tool/> Manitobans are reminded that if they are showing symptoms of COVID-19 and meet testing criteria, they can call Health Links–Info Santé at 204-788-8200 or (toll-free) at 1-888-315-9257 for more information.

Do you have any of the below symptoms?		
Feeling of fever or chills?	Yes	No
New onset of cough or increase in amount of coughing?	Yes	No
Sore throat?	Yes	No
Shortness of Breath?	Yes	No
New onset symptom: runny nose/ congestion (not related to allergies)?	Yes	No
Headache or unusual headache?	Yes	No
Sore muscles not related to overexertion or exercise?	Yes	No
New onset symptom: diarrhea?	Yes	No
New onset symptom: loss of taste and/or smell?	Yes	No
Have you had close contact (within 2 metres) with a confirmed case of COVID-19?	Yes	No
Have you been told by Public Health to be in self-isolation?	Yes	No
In the last 14 days have you returned from international travel, or from Ontario (east of Terrace Bay), Quebec or the Atlantic provinces? Travel restrictions are subject to change; up-to-date information is available at: https://www.gov.mb.ca/covid19/soe.html	Yes	No
<u>IF ALL ANSWERS ARE NO</u>		
<ul style="list-style-type: none"> Clean your hands again and enter the work location 		
<u>IF ANY ANSWERS ARE YES</u>		
<ul style="list-style-type: none"> DO NOT ENTER FURTHER INTO THE WORK LOCATION Contact your workplace supervisor Call Health Links–Info Santé at 204-788-8200 or (toll-free) at 1-888-315-9257 Return home maintaining social distancing 		

Name (Please Print)

Signature

Date

Company