



## Group Home Employee Screening Tool

Please return these forms at the end of each week to the attention of Suzanne Fiorito.

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

Phone Number: \_\_\_\_\_

Do you work at any other business/agency? If yes, where? \_\_\_\_\_

Does anyone you work with at the other agency have any symptoms? \_\_\_\_\_

If Yes, have you been told to self-isolate? \_\_\_\_\_

**Please contact your immediate supervisor or supervisor on call if you have been working with someone with symptoms.**

**Effective July 24, 2020**

- 1) Have you travelled outside of Canada or been in close contact with a confirmed or suspected case of the Novel Coronavirus (COVID19) who has traveled outside of Canada, in the last 14 days?  
Yes No
- 2) Do you have a new or worsening cough?  
Yes No
- 3) Do you have a new onset of fever or chills?  
Yes No
- 4) Do you have any other illness symptoms?  
Yes No
- 5) I agree that if I experience any symptoms on shift, I will notify my Supervisor immediately.  
Yes No

If an individual answers yes to questions, please call the Thunder Bay District Health Unit at 625-5900 and ask to speak to the Public Health Nurse in the Infectious Disease program or call Telehealth Ontario at 1-866-797-0000. Yes answers to these questions would **PROHIBIT** the individual having access to our premises.

Start of shift temperature: \_\_\_\_\_

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

End of shift temperature: \_\_\_\_\_

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