

COVID-19 Daily Fit for Work Questionnaire

The questionnaire intends to identify new symptoms or worsening of symptoms that are related to allergies, chronic or pre-existing conditions.

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions:

Fever

Cough

Shortness of Breath

Difficulty breathing

Sore throat

Runny Nose

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: ()Yes()No

2. Have you returned to Canada from outside the country (including USA) in the past 14 days?

Have you returned to Canada from outside the country (including USA) in the past 14 days?()Yes()No

For the remaining questions, in the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

3. Did you have close contact* with someone who has a probable** or confirmed case of COVID-19?

Did you have close contact* with someone who has a probable** or confirmed case of COVID-19? ()Yes()No

4. Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?

Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19? ()Yes()No

5. Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?

5. Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?()Yes()No

6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?

Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19? ()Yes()No

Note: What is Close Contact* and Probable** Case?

Open/Close

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters/6 feet) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive.

Clinical illness of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose.

Exposure Criteria for a probable case is a person who, in the 14 days before onset of illness,

» had any history of travel outside Canada; OR

» had close contact with a confirmed or probable case of COVID-19; OR

» is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR

» had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.
