



Royal Bridge College

Active Health Screening Questionnaire (Staff use only)

Directions to complete this form

Please complete this screening form when you first come to the workplace for your shift prior to you logging onto your computer or being in proximity to screened staff.

Employee's Information

First Name	
Last Name	
Temperature (°C)	

Covid Screening Questions				
		Yes		No
Fever				
New or worsening cough				
Stuff or runny nose				
Sore throat/painful swallowing				
Difficulty breathing				
Diarrhea				
Nausea and/or vomiting				
Fatigue				
Muscle aches				
Loss of appetite				
Chills				
Headache				
Loss of sense of smell				

**** Additional information required:**

Please circle one

- | | | |
|---|-----|----|
| 1. Have you travelled outside of Canada or B.C. in the past 14 days? | Yes | No |
| 2. Have you be directed by a health care provider including public health official to quarantine (self-isolate) for 14 days? | Yes | No |
| 3. Have you or your family members be identified as a close contact of someone who is confirmed as having COVID-19 by the local public health unit? | Yes | No |

If you answers YES to any question (including having just one symptom) or refuses to answer, you have not passed the screening and cannot enter the workplace any further. You must return home and should seek medical advice or use the COVID-19 BC Support App and Symptom Self-Assessment Tool. You should contact your supervisor about leave options and next steps.

Name and Signature of Staff

Date