

### **Example of an active COVID-19 Screening Checklist**

*This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.*

*What to do:*

- *Post signage to support the active screening process*
- *Make alcohol-based hand sanitizer or appropriate hand washing facilities available at the entrance of the workplace*
- *Have clear door rules to allow or prohibit entry*
- *Consider measuring the temperature of employees entering the workplace. The use of an infrared thermometer will allow this to happen with no contact.*

*Screening questions to consider:*

***Employee/Visitor Name:*** \_\_\_\_\_ ***Employer/Workplace:*** \_\_\_\_\_

1. Do you have at least two of the following symptoms: fever above 38°C, a new or worsening chronic cough, a sore throat, a runny nose, a headache?

- Yes
- No
- Body temperature confirmed with infrared thermometer (if applicable)

2. Have you returned from travel outside of New Brunswick or outside of Canada within the last 14 days?

- Yes
- No

3. Have you had close contact within the last 14 days with a confirmed case of COVID-19?

- Yes
- No

4. Have you had close contact within the last 14 days with a person being tested for COVID-19?

- Yes
- No

*Public Health Agency of Canada defines **close contact** as a person who provided care for a patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact or who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.*

*If the individual answers NO to all questions, they have passed the screening and can enter the workplace.*

*If the individual answers YES to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the workplace.*

**Name of screener:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_