

THIS SCREENING QUESTIONNAIRE MUST BE COMPLETED BY AN INDIVIDUAL RETURNING FROM OUTSIDE CANADA, PRIOR TO RETURNING TO WORK, VOLUNTEERING OR RECEIVING SERVICES FROM SPINAL CORD INJURY ONTARIO (SCIO).

SCIO employees, volunteers, clients and vendors must self-identify actual or potential exposure to Coronavirus COVID-19. This form can be completed by Managers, Supervisors, front line staff to pre- screen individuals by telephone or email **only**.

Name (Please Print)

Region/Location/Program

Please indicate if you are a(n)

Employee

Volunteer

Client

Vendor

Other (please specify)

Section A: Symptoms

Do you have one or any of the following symptoms?

- Fever of 38°C (100°F) or higher? No Yes

Or

- Feeling feverish or had shakes or chills in the past 24 hours? No Yes

Or

- Have you experienced any of the following symptoms: runny nose, headache, cough, sore throat, general feeling of being unwell? No Yes

Or

- Do you or anyone in your household have new/worse cough, difficulty breathing or shortness of breath? No Yes

Section B: Travel

- Have you traveled outside Canada? No Yes

Or

- Have you had close contact with a confirmed or probable case of someone with coronavirus disease (COVID-19)? No Yes

Or

- Have you had close contact with a person with acute respiratory illness who has been outside Canada? No Yes

Or

- Have you had direct contact with animals (for example, if you visited a live animal market) No Yes

Section C

If you answer YES to any questions in Section A or B, then you are advised to seek medical attention through your doctor, or advice through Telehealth, or local Public Health Unit. This must be done prior to returning to work, or before receiving care from a SCIO staff. Also, immediately inform your supervisor and/or SCIO staff contact.

The individual understands that if conditions change, they are required to self-disclose.

I certify that all the information in this screening tool is true, complete and correct to the best of my knowledge.

Signature of individual completing the form and designation

Date

Please send this form, confidentially to Barb Zufelt, Director, Human Resources at Barbara.Zufelt@sciontario.org and keep a copy for your records.