



## COVID-19 Employee Screening Questionnaire

During these unprecedented times, Bentley Staffing has implemented new mandatory protocols for screening our candidates for the COVID-19 virus, as identified by the Public Health Agency of Canada. Our mandatory candidate screening form is now part of our initial contact when connecting with any candidate. Completed forms are saved in the candidate's employee file.

We will not place candidates who have been identified as at-risk following our vetting procedures. We will be thoroughly screening candidates based on their travel history and signs of illness. We are screening for factors including:

Do you have one or more of the following?

## Self-Declaration by Employee *Prior* to Coming To Work

1	<p>Do you have one or more of the following? <span style="float: right;"><input type="checkbox"/> <b>Yes</b></span></p> <p><input type="checkbox"/> <b>No</b></p> <p><b>Fever and/or chills</b> - Temperature of 37.8C/100F or higher  <b>Cough or Barking cough (croup)</b> - Not related to asthma, post-infectious reactive airways, COPD or other known causes of conditions you already have  <b>Shortness of breath</b> – Not related to asthma or other known causes or conditions you already have  <b>Decrease/loss of smell/taste</b> – Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have  <b>(For adults 18 years or older)</b> – Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)  <b>Fatigue, lethargy, malaise and/or myalgias</b> - If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select “No”.  <b>(For children &lt; 18 years) Nausea, vomiting and/or diarrhea</b> – Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have</p>
2.	<p>In the past 14 days, have you travelled outside of Canada AND been advised to quarantine (as per federal quarantine requirements)?</p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
3	<p>Has a doctor, health care provider or public health unit told you that you should currently be isolating (staying at home)? <i>(This can be because of an outbreak or contact tracing.)</i></p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
4,	<p>In the past 10 days, have you been identified as a “close contact” of someone who currently has COVID-19? <i>(If public health has advised you that you do not need to self-isolate (e.g., you are fully immunized or have tested positive for COVID-19 in the last 90 days and since have been cleared), select “No.”</i></p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
5.	<p>In the past 10 days, have you received a COVID alert exposure notification on your cell phone? <i>(If you have already gone for a test and got a negative result, select “No”. If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select “No”)</i></p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
6	<p>In the last 10 days, have you tested positive on a rapid antigen test or a home based self-testing kit? <i>(If you have since tested negative on a lab-based PCR test, select “No”)</i></p> <p><input type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> <b>No</b></p>
7	<p>Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? <i>If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild Fatigue, Muscle Aches and/or Joint Pain that only began after vaccination, select “No”. If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select “No”</i></p> <p style="text-align: right;"><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>

**For additional information on current best practices we are following, please refer to these organizations:**

**PHAC:** <https://www.canada.ca/en/public-health.html>

**CCOHS:** <https://www.ccohs.ca/oshanswers/diseases/coronavirus.html>

**Ontario Government:** <https://covid-19.ontario.ca/>

**Haliburton, Kawartha & Pine Ridge District Health Unit:** <https://www.hkpr.on.ca/>