



## COVID-19 Return-to-Work On-Site Screening – Paper Version

*All employees are required to complete this survey each day before working on site.*

This screening is not a substitute for consulting with your doctor  
or with Health Links (204-788-8200 or 1-888-315-9257).

If you are not feeling well, please stay home (or go home from your work site) and contact your Supervisor.  
We are all in this together and want to ensure the health and safety of  
our students, our colleagues and ourselves.

Please note that this is not a medical assessment.  
If you are experiencing severe symptoms,  
seek medical attention or call 911 (where available).

**Date of Self-Screening**

**Time of Self-Screening**

**Last Name (print)**

**First Name (print)**

**Supervisor (print)**

### 1. Are you experiencing any one of the following COVID-19 symptoms:

	YES		NO
Fever/Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat/hoarse voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES		NO
Shortness of breath/difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting or diarrhea for more than 24 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to ANY of the above symptoms or questions, you are NOT CLEARED to work on site.

### 2. Are you experiencing any two of the following COVID-19 symptoms:

	YES		NO
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctivitis (pink eye)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES		NO
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin rash of unknown cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any TWO of the above symptoms or questions, you are NOT CLEARED to work on site.

### 3. Additional Questions:

	YES		NO
1. Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?			
2. Have you had laboratory exposure while working directly with specimens known to contain COVID-19?			
3. Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace or community with a cluster of cases, or at an event?			
4. Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19?			
5. Have you travelled outside of Manitoba in the last 14 days?			
6. Have you been in close contact with someone in your household who travelled outside Manitoba within the last 14 days?			
7. Are you, or is anyone in your home, required to self-isolate?			

If you answered YES to ANY of the above symptoms or questions, you are NOT CLEARED to work on site.

	I understand I am cleared to work on site (if you answer NO to ALL questions above)
	I understand I am NOT CLEARED to work on site (if you answer YES to ANY questions above). Please contact your supervisor.

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Employee Signature

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Please return this Page to your Supervisor if you are cleared to work on site.

If you are not cleared to work on site, please contact your Supervisor.

**Date of Self-Screening**

**Time of Self-Screening**

**Last Name (print)**

**First Name (print)**

My signature below confirms that I completed the UCN Covid-19 Return-to-Work On-Site Screening, and that I am cleared to work on site today.

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Employee Signature