

## **SYC Essential Maintenance-Volunteer Screening**

All work groups must be actively screened before they start the work day in accordance with Public Health Guidelines. You will need to fill in this form EVERY DAY you participate in essential maintenance, and hand it in to your crew leader. This information is required to be kept for a minimum of 30 days for contact tracing purposes.

WORKER NAME & SIGNATURE: \_\_\_\_\_ WEEK OF: \_\_\_\_\_

Do you have any of the following new or worsening symptoms or signs? Indicate with an X for no, a ✓ for yes

	<b>Date</b>							
<b>Symptom</b>	Mon	Tues	Wed	Thur	Fri	Sat	Su n	
Fever or chills – 100°F (37.8C) or higher								
Cough or barking cough not related to other known conditions								
Shortness of breath not related to other known conditions								
Sore throat, trouble swallowing not related to allergies or other known conditions								
Difficulty swallowing – painful swallowing not related to other known conditions								
Pink Eye – Conjunctivitis not related to reoccurring styes or other conditions								
Decrease or loss of smell or taste not related to seasonal allergies, neurological disorders or other known causes or conditions								
Runny/Stuffy/Congested Nose not related to seasonal allergies, being outside in cold or other known causes or conditions								
Headache – unusual, long-lasting not related to tension-type headaches, chronic migraines or other known causes or conditions								
Digestive Issues – nausea/vomiting, diarrhea, stomach pain not related to IBS, menstrual cramps or other known causes or conditions								
Muscle Aches – unusual, long lasting not related to other known conditions								
Extreme Tiredness – Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)								
Falling down often								
Has a doctor, health care provider or public health unit told you that you should currently be isolating at home?								
In the last 14 days, have you been identified as a ‘close contact’ of someone who currently has COVID-19?								
In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?								
In the last 14 days, have you travelled outside of Canada?								

Please Initial Here at the start of the day

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If you answered **YES** (✓) to any of the above screening questions, **do NOT enter SYC** and consult your healthcare provider for further instructions.