

COVID-19 Participant Screening Form

In accordance with the WSIB First Aid Training Provider Guidelines, all instructors and students must be pre-screened for COVID-19 symptoms before entering the training facility.

The below self-assessment questionnaire is based on the criteria found on the province of Ontario website.

Please read and complete this questionnaire each day of your scheduled training, prior to arriving to the course.

Do you have any of the below symptoms:		
• Fever (feeling hot to the touch or a temp. greater than 37.8C)	Yes	No
• Cough that is new or worsening	Yes	No
• Shortness of breath/difficulty breathing	Yes	No
• Difficulty swallowing	Yes	No
• Sore throat	Yes	No
• Runny, stuffy or congested nose (not related to seasonal allergies or other known conditions)	Yes	No
• Lost sense of taste or smell	Yes	No
• Pink eye	Yes	No
• Headache that's unusual or long lasting	Yes	No
• Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to other known causes or conditions)	Yes	No
• Muscle aches that are unusual or long lasting	Yes	No
• Extreme tiredness that is unusual	Yes	No
In the last 14 days, have you been in close physical contact* with someone who tested positive for COVID-19?	Yes	No
In the last 14 days, have you been in close physical contact with a person who either: • is currently sick with a new cough, fever, or difficulty breathing? OR • returned from outside of Canada in the last 2 weeks?	Yes	No
Have you travelled outside of Canada in the last 14 days? This does not include essential workers who cross the Canada-US border regularly.	Yes	No
Are you currently being investigated as a suspect case of COVID-19?	Yes	No
Have you tested positive for COVID-19 within the last 14 days?	Yes	No

If you answered YES to any of the above questions:

1. Contact your employer/supervisor/training contact immediately to let them know that you will not be attending your scheduled training. **Your contact will need to advise the instructor when they arrive to deliver training of changes to class size.**
2. Complete the online self-assessment tool: (<https://covid-19.ontario.ca/self-assessment/>)
3. Follow the instruction given after completing the self-assessment
4. Contact your health care provider or call Telehealth Ontario at 866-797-0000 to speak to a registered nurse.