



**COVID-19 SCREENING TOOL
EMPLOYEES/PHYSICIANS**
Human Resources

Name:
DOB:
Medicare #:

Phone number		Employee number (if applicable)	
Department		Zone	<input type="checkbox"/> 1B <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Comments			
Check the preferred screening facility:			
<input type="checkbox"/> McNaughton Avenue Clinic, Moncton <input type="checkbox"/> Shediac Regional Medical Centre <input type="checkbox"/> Grand Falls General Hospital <input type="checkbox"/> Hôtel Dieu Saint-Joseph de Saint-Quentin <input type="checkbox"/> Enfant-Jésus RHSJT Hospital <input type="checkbox"/> Tracadie Hospital		<input type="checkbox"/> Stella-Maris-de-Kent Hospital <input type="checkbox"/> Edmundston Regional Hospital <input type="checkbox"/> Haut-Madawaska Medical Clinic (Clair) <input type="checkbox"/> Campbellton Regional Hospital <input type="checkbox"/> Chaleur Regional Hospital <input type="checkbox"/> Lamèque Hospital and Community Health Centre	

Screening referral request according to the Public Health guidelines in force today
Assessment details for employee or physician
 Check all symptoms that apply:

<input type="checkbox"/> Fever (fever above 38°C, or signs of fever, such as feeling hot or having chills)	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Cough (new or worsening chronic cough)	<input type="checkbox"/> Runny nose / nasal congestion
<input type="checkbox"/> Headache	<input type="checkbox"/> New onset of muscle pain
<input type="checkbox"/> New onset of fatigue	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Shortness of breath / difficulty breathing	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Loss of sense of taste or of smell	<input type="checkbox"/> Asymptomatic screening requested by the employee or physician, up to <u>once a week</u>
Have you received a COVID-19 vaccine in the past <u>seven</u> days?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Form completed by		Title	
Date	____ - ____ - ____ yyyy mm dd	Time	____:____

**Fax this form to Vitalité Health Network's Coordination Centre: 506-544-2250
 OR
 Click here to submit this form to the Coordination Centre and the Occupational Health Department by email**

Also fax this Form to the Occupational Health Department.

Zone 1B: 862-3739; Zone 4: 739-2371; Zone 5: 789-5337; Zone 6: 544-2432.