



# ESDC COVID-19 Employee Self-Assessment Tool

**Before you access the workplace to carry out your work you may complete the self-assessment tool to help determine whether you should access to the workplace.**

Completing this tool before coming into work helps keep everyone safe and helps to prevent the spread of COVID-19.

The tool cannot diagnose you. If you have medical questions, consult a health care provider.

No personal information is collected when completing the tool, which means that you cannot be personally identified or linked to your responses.

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## Self-Assessment Questions

**Question 1. Are you currently experiencing any COVID-19 symptoms below that are new or worsening and not related to a known cause or pre-existing condition?**

Symptoms of COVID-19 can vary:

- from person to person
- in different age groups
- depending on the COVID-19 variant

Common symptoms of COVID-19 include:

- sore throat
- runny nose
- sneezing
- new or worsening cough
- shortness of breath or difficulty breathing
- temperature equal to or over 38°C
- feeling feverish
- chills
- fatigue or weakness
- muscle or body aches
- new loss of smell or taste
- headache
- gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
- feeling very unwell

Yes ☐

No ☐



**Question 2.**

- **Have you tested positive for COVID-19 in the past 5 days?**
- **Are you currently awaiting the results of a COVID-19 test administered by public health after experiencing symptoms of COVID-19 or as a result of a potential exposure to COVID-19?**

Yes ☐

No ☐

**Question 3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating or staying at home?**

Yes ☐

No ☐

**Question 4. Have you been in close contact with someone who has tested positive for COVID-19 in the past 14 days?**

***A close contact is:***

- contact within one (1) metre of a person without wearing a mask.

Wearing a mask is not sufficient to exempt the following actions from being considered close contact.

- direct contact with bodily fluids (coughed or sneezed on);
- providing direct care for a person;
- physical contact, such as handshake, hugging, kissing; or
- sharing items, such as drinks, personal hygiene items, cigarettes, vapes, eating utensils, etc.

Yes ☐

No ☐



## Results of the Self-Assessment Questions

If you answered **No** to every question, you may enter the workplace.

### Next steps:

- You should retake this self-assessment tool each day before you access the workplace

This result is valid until midnight of the day you completed the questionnaire. This result is no longer valid if your situation changes during the day (for example, you start experiencing symptoms).

### Occupational Health and Safety Tips

For more occupational health and safety related information, please visit the Departmental information on iService (only available on the internal network) or the [COVID-19 page](#) on Canada.ca.

Remember when in the workplace to follow all protocols and instructions:

- Practice physical distancing, where possible.
- Sneeze and cough into your elbow.
- Leave the workplace if you become ill during the day.
- Use proper hand hygiene; wash your hands or use hand sanitizer.

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If you answered **Yes** to any of the first three questions, you should not report the workplace.

### Next steps:

- discuss options for the workday with your supervisor (e.g. calling in sick, remote work, etc.)

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**If you answered Yes to question 4, you may enter the workplace if you meet certain conditions: You should monitor yourself for COVID-19 symptoms and leave the work place immediately if COVID-19 symptoms appear.**

**Next Steps:**

1. You should retake this self-assessment tool each day before you access the workplace

This result is no longer valid if your situation changes during the day (for example, you start experiencing symptoms).

**Occupational Health and Safety Tips**

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