

Interior Health is conducting a survey as part of an investigation of respiratory illness among people working at <business name> in <community>. The information you provide will remain confidential and will not impact your employment or work status in British Columbia.

Name:			
Sex:			
Date of Birth: Day/ Month/Year:			
Provincial Health Number (PHN):			
Local address (if living at <business>, provide house/trailer):			
Phone Number:			
Email:			
Date you arrived in Canada:			
Day/Month/Year:			

Do you currently, or have you had any of the following symptoms since March 1, 2020?

Symptom	No	Yes	If yes, when did the symptom start?	If the symptoms have ended, when did the symptoms end?
Chills				
Conjunctivitis				
Cough				
Diarrhea				
Fatigue				
Fever				
Sore Throat				
Runny Nose				
Shortness of breath/ difficulty breathing				
Back Pain				
Other: Please provide detail below				

Notes:

Have you accessed medical care since your arrival to Canada?

No	Yes	If yes, where did you go and what date(s) did you seek care? (day/month/year)

If yes, why did you seek care?

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