

COVID – 19 Health Assessment and Access to Site Form

For: Candidates attending the OSCE, located at the BC Children’s Hospital Ambulatory Care Building

You must complete this form. Only those with an appropriate health assessment (no novel coronavirus symptoms) will be allowed to enter the OSCE.

This form also assists the organization in tracking potential exposure should any person report COVID symptoms while at, or following, attendance at the OSCE.

Please note that this assessment form is not intended to assess pre-existing health conditions. If you have a pre-existing health condition, please consider any changes to your health that could be related to COVID-19 symptoms listed below.

Please tick all boxes that apply to you. If you are unsure as to whether you can attend the OSCE please email Christy.kivari@bccnm.ca.

I confirm I have read and understand the BCCNM COVID-19 Health and Safety Policy _____(initial)

- I confirm that I am not currently exhibiting any symptoms of COVID-19, including cough or worsening chronic cough, shortness of breath/difficulty breathing, fever or chills, congestion or runny nose, muscle aches, chest pain, headache, sore throat, sudden loss of taste or smell, loss of appetite, diarrhea, extreme fatigue or tiredness, confusion, dizziness, skins rashes or discolouration of fingers or toes, nausea or vomiting, or other recognized symptoms of COVID-19 (the “Symptoms”).
- I confirm that I have not experienced any of the Symptoms for at least the previous five calendar days.
- I confirm that I have not been told to self-isolate by Public Health, or a Health Care Professional in the last five calendar days.
- If I did test positive, and I am fully vaccinated, I will self-isolate at home for five days AND until my symptoms improve and I no longer have a fever.
- I confirm that, I have not returned from travel outside Canada and been directed to quarantine within the past 14 calendar days.
- I confirm that I have a plan for who to notify, and for a safe return to my home, should I experience any of the Symptoms while working from BCCNM’s workplace.

Candidates are encouraged to refer to the [Government of Canada – Vaccines and immunization](#) and [BC Centre for Disease Control - COVID-19 Vaccine](#) web pages for further information about COVID-19 vaccines.

“The information gathered through the use of this form is collected by the BCCNM, in order to protect the health and safety of exam staff and candidates attending the OSCE and in compliance with applicable law. The legal authority for collecting this information includes section 26(c) of the British Columbia Freedom of Information and Protection of Privacy Act, section 115(1)(a)(i) of the Workers Compensation Act, section 2.2 of the Occupational Health and Safety Regulation, and the Order of the BC Provincial Health Officer made on May 15, 2020 under the British Columbia Public Health Act requiring the development and posting of a COVID-19 Safety Plan for each workplace.”

The information I have provided on this form is true and accurate _____[initial]

Printed Name _____

Signature _____

Date _____