Return to Campus Questionnaire

In support of Western's commitment to Workplace Health and Safety and on the recommendation of the Middlesex London Health Unit, all faculty, staff and students are asked to complete this questionnaire prior to each shift/visit to campus.

Completion of this questionnaire will help you to decide whether it's safe for you to return to campus without potentially exposing others in the campus community to COVID-19. If you answer "yes" to any of the following questions, please do not come to campus until you have consulted with a health care practitioner.

Subject to your supervisor's agreement, individuals who are not able to return to campus may still be able to continue working from home.

We sincerely thank you for your participation in this questionnaire and for your part in ensuring a safe and healthy community.

COLLECTION NOTICE:

The University of Western Ontario collects personal information under the authority of the *University of Western Ontario Act, 1982*, as amended. The information collected and used for this questionnaire is related directly to and needed by the University for the purposes of ensuring a healthy and safe workplace and to prevent the spread of COVID-19 on campus. Information in aggregate, non-identifiable form may be disclosed to senior leadership and/or the Middlesex-London Health Unit. The Workplace Health Team may be provided with information about questions you have answered "yes" to on the questionnaire(s) so that they may contact you to offer support. Please note that the Workplace Health Team will not be provided with your questionnaire(s). Your information will not otherwise be shared with third parties unless required by law, order or direction of a government authority or health authority.

If you have any questions or concerns about the questionnaire, please contact Human Resources, Western University, Support Services Building, 4th Floor, Room 4159, London, Ontario N6A 3K7. 519-661-2111 x.81135 or x.81181.

If you have any concerns related to data security or privacy, please contact Western's Privacy Officer at privacy.office@uwo.ca, Stevenson Hall, Room 4101, London, Ontario, Canada, N6A 3K7, Tel: 519-661-2055.

To return to campus, you must complete this COVID-19 questionnaire as part of our Health and Safety precautions. I do not wish to complete the COVID-19 questionnaire at this time. **Symptoms:** Are you experiencing any of the following symptoms? - fever (37.5 C or greater)

- new, unexplainable symptoms of fatigue / malaise / muscle aches

- new nausea/vomiting, diarrhea, abdominal pain

- new loss of smell/taste disturbance

- pink eye (conjunctivitis)

- chills

- new/worsening acute respiratory illness symptoms such as cough, shortness of breath, sore throat, runny nose or difficulty swallowing. ** Please respond 'No' if the symptom is preexisting (e.g. asthmas, allergies, etc.) or you have been cleared to return to campus by your health care practitioner.**

 \bigcirc No \circ Yes

Possible exposure:

Have you had close unprotected contact within the last 14 days with:

- a confirmed case or probable case of COVID-19; or

- a person with acute respiratory illness who has been to a country/region where COVID-19 is present?

 \circ No \circ Yes

Travel:

Have you travelled outside of Canada within the last 14 days?

0 No \bigcirc Yes

Comments:

Please enter any other comments that may be of importance regarding return to work.

If all responses are NO

Thank you for completing the questionnaire. Based on your replies, please report to campus when indicated by your supervisor.

Please continue to monitor your health and complete this questionnaire prior to each shift or visit to campus. Should you become sick during your shift, please leave campus.

Should you become sick or unable to report to campus later, please use the Absence Notification tool (also here in My Human Resources) to notify Western.

The <u>Province of Ontario</u> has released testing guidance that now indicates that you should visit an assessment centre if you:

- have at least one of the symptoms of COVID-19
- do not have symptoms but are concerned you might have been exposed
- do not have symptoms but think you are at risk through your employment (e.g. if you are an essential or health care worker)
- would like to be tested

If you have medical questions, please contact your family doctor, Telehealth Ontario at 1-866-797-0000 or Workplace Health at Western at workplacehealth@uwo.ca

If any response is YES

Thank you for completing the Questionnaire.

Please contact your family doctor before returning to work.

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If response is I do not wish to complete the questionnaire

Thank you for acknowledging that you do not wish to participate in the COVID-19 questionnaire at this time. Please do not return to campus and contact Workplace Health at workplacehealth@uwo.ca for further information.

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