



**TARGETED SCREENING FOR COVID-19
EMPLOYEES/PHYSICIANS**
Occupational Health Department

Name:
DOB:
Medicare #:

Phone number		Employee number (if applicable)	
Department		Reason	
Targeted screening dates	____ - ____ - ____ yyyy mm dd	____ - ____ - ____ yyyy mm dd	____ - ____ - ____ yyyy mm dd
Comments			
Check the preferred screening facility:	Zone	<input type="checkbox"/> 1B <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
<input type="checkbox"/> MacNaughton 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"/> Chaleur Regional 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"/> Enfant-Jésus RHSJT Hospital <input type="checkbox"/> Lamèque Hospital and Community Health Centre	
Assessment details for employee or physician			
Check those 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 cough 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 targeted screening	
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		Family physician	
Note	If you do not have a family physician, please submit this form under Dr. Tania Arseneault's name		
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**.