

COVID-19 NOVEL CORONAVIRUS

Please complete the following questions before beginning your work today.

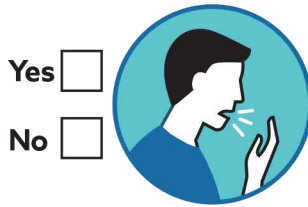
Name: _____

Date: _____ Time: _____

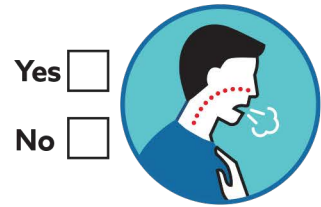
Do you have any of the following:



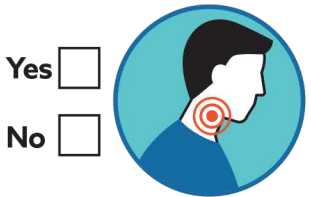
Fever



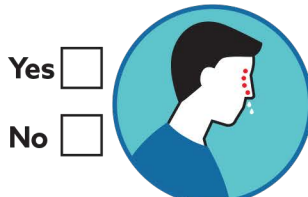
Cough



Shortness of breath



Sore throat



Runny nose



Feeling unwell

Yes Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

No

Yes Have you returned from travel outside Canada in the past 14 days?

No

If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth or your health care provider.