

## COVID-19 Employee Daily Health Check

1. Do you have of the following symptoms which are either new or worsening:
  - Fever or chills
  - Cough
  - Loss of sense of smell or taste
  - Difficulty breathing
  - Sore throat
  - Loss of appetite
  - Extreme fatigue or tiredness
  - Body aches
  - Nausea or vomiting
  - Diarrhea
2. Have you travelled outside of Canada within the past 14 days?
3. Have you been identified by Public Health as a close-contact of someone with COVID-19?
4. Have you been told by Public Health to self-isolate?

I can answer “no” to all of the above questions

If you can check the above box, please confirm this with your supervisor by signing this form and returning it, confirming via telephone, or texting “NO COVID” before arriving at the workplace or worksite.

If you cannot check the above box because you have answered yes to question 1, you will not be allowed to enter the workplace or any worksite until you have received a negative-result COVID-19 test and all symptoms have disappeared or 14 days have passed and all symptoms have dissipated.

If you cannot check the above box because you have answered yes to one or more of questions 2-4, you will not be allowed to enter the workplace or any worksite until 14 days have passed.

Employee name (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_