

COVID-19 EMPLOYEE SIGN-IN/PAYROLL SELF SCREEN

Please Sign In at the beginning of Each Shift

***Your signature confirms you have self-screened using
the following criteria.***

Question 1

Are you currently or have you recently experienced ANY of the following symptoms?

- Fever - Temperature of 37.8 C or greater
- Any new or worsening cough, shortness of breath, sore throat, hoarse voice, runny nose or sneezing, nasal congestion, difficulty swallowing, loss or change in sense of smell or taste, nausea/vomiting, diarrhea, or abdominal pain.

Question 2

Are you living with or have you been in close, unprotected (without appropriate PPE) contact with someone with suspected or confirmed COVID-19 in the last 14 days or anyone with the symptoms explained in question 1?

- If you have been cleared to return to work by Occupational Health after an exposure you should answer NO to this question.

Question 3

Have you travelled or been in contact with anyone who has travelled outside of Canada within the last 14 days?

****If you answered yes to ANY of the above questions, or develop ANY of the above symptoms or become unwell during your shift, or are unsure if you should report or remain at work, please contact Occupational Health Ext. 5279****