



Please complete the following questions before beginning your work today.

Name:

Date:

Time:

Phone #:

Email:

Do you have any of the following (new or worsening):



Fever/Chills



Cough



Difficulty breathing or
shortness of breath



Sore throat,
trouble swallowing



Runny nose/stuffy
nose or nasal
congestion



Decrease or loss of
taste or smell



Not feeling well,
extreme tiredness,
sore muscles



Nausea, vomiting,
diarrhea, abdominal
pain

Yes
No

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

Yes
No

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

If you answered YES to any of these questions, go home and self-isolate immediately. Contact Telehealth Ontario (1-866-797-0000) or your health care provider to determine if you require a COVID-19 test.

Keep in contact with your Supervisor to provide status updates.