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| **Facility Civic Address** |  | | | | | | |
|  | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** |
| **Date** |  |  |  |  |  |  |  |
| **Worker Name** | **Is the worker experiencing any symptoms? Yes or No.** | | | | | | |
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| **Initials of individual conducting check-in** |  |  |  |  |  |  |  |

If a worker is experiencing symptoms refer to the process outlined in the Monitoring section *of Guidance for Temporary Foreign Workers employed in the Agriculture and Seafood Sectors.*

Are any of the following symptoms being reported by a worker?

1. Signs of a fever – chills, sweats, muscle aches, light headedness
2. A new cough or a cough that is getting worse
3. Sore Throat
4. Runny Nose
5. Headache

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| **Facility Civic Address** |  | | | | | | |
|  | **Day 8** | **Day 9** | **Day 10** | **Day 11** | **Day 12** | **Day 13** | **Day 14** |
| **Date** |  |  |  |  |  |  |  |
| **Worker Name** | **Is the worker experiencing any symptoms? Yes or No.** | | | | | | |
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| **Initials of individual conducting check-in** |  |  |  |  |  |  |  |

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