

COVID-19 Health Screening Form for Workers

A daily screening assessment for COVID-19 is to help closely monitor your personal health during the 14-day isolation period.

The information collected in this questionnaire will be used and disclosed solely for the purposes of determining health condition during the COVID-19 pandemic isolation period.

Complete this checklist at the beginning of everyday.

This symptom self-assessment has been replicated from the Government of Nova Scotia website for your convenience. Workers must complete this daily.

Worker Name: _____ Date: _____

Symptom Self-Assessment:	
1. Do you have any of the following symptoms?	
a. Signs of a fever – chills, sweats, muscle aches, light headedness	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. A new cough or a cough that is getting worse	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Runny Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer yes to **two or more** of these symptoms, please call your employer immediately and 811 for further assessment by a nurse. If you experience other symptoms that are a concern for you, call 811 to speak with a nurse.

Worker Signature: _____

Reference:

Government of Nova Scotia (2020). When to call 811 about COVID-19. Retrieved April 13, 2020 from: <https://when-to-call-about-covid19.novascotia.ca/en>

DISCLAIMER: This document is provided for guidance purposes only. The end-user is responsible to ensure they modify to suit their individual operations and to meet federal and provincial requirements.