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 the day and submit it to your supervisor.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Screening Question | Response |
| Symptom Self-Assessment: |  |
| Take your own temperature each morning: Result: \_\_\_\_\_\_\_\_\_\_Celsius |  |
| 1. Do you have any of the following symptoms?
 |  |
| * 1. Fever
 | 🞏 Yes 🞏 No |
| * 1. New or Worsening Cough
 | 🞏 Yes 🞏 No |
| * 1. Shortness of Breath or Difficulty Breathing
 | 🞏 Yes 🞏 No |
| * 1. Headache
 | 🞏 Yes 🞏 No |
| * 1. Sore Throat
 | 🞏 Yes 🞏 No |
| * 1. Runny Nose or Nasal Congestion
 | 🞏 Yes 🞏 No |

If you answer yes to one 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