ALL STAFF TO COMPLETE DAILY!

Give to your Supervisor when complete.

Name:	Date:
 Are you experiencing any of the following: Severe difficulty breathing (e.g. struggling to breat Severe chest pain Having a very hard time waking up Feeling confused 	he or speaking in single words)
Losing consciousness	
YES NO If NO, go to next question.	
If YES, go to Emergency or call 911. Do not return to	work until you call your local health care provider and
they clear you.	
 Are you experiencing any of the following: Shortness of breath at rest Inability to lie down because of difficulty breathing Chronic health conditions that you are having difficulty 	
YES NO If NO, go to next question.	
If YES, call your local health care provider. Return to	work only if they clear you.
 Are you experiencing any of the following: Fever Cough Sneezing Sore throat Difficulty breathing 	
YES NO If NO, go to next question.	
If YES, go home. Self isolate. Call your local health c	are provider. Return to work only if they clear you.
Have you travelled to any countries outside Canada (in YES NO If NO, go to next question.	cluding the United States) within the last 14 days?
If YES, go home. Self isolate for 14 days. Call your lo	cal health care provider for advice.
Did you provide care or have close contact with a per ill (cough, fever, sneezing, or sore throat)? YES NO If NO, go to next question.	rson with COVID-19 (probable or confirmed) while they were
If YES, self monitor for symptoms for 14 days. If syn provider. Return to work only if they clear you.	nptoms develop, self isolate and call your local health care
Did you have close contact with a person who travelled (cough, fever, sneezing, or sore throat)? YES NO If NO, (and if you have said no to ever	d outside of Canada in the last 14 days who has become ill rything else above) you can go to work.
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If YES, self monitor for symptoms for 14 days. If symptoms develop, self isolate and call your local health care provider. Return to work when they clear you.