A daily screening assessment for COVID-19 is to help closely monitor your personal health, your fitness for work, and to detect onset of symptoms in order to help the spread of the virus.

The information collected in this questionnaire will be used and disclosed solely for the purposes of determining fitness for work during the COVID-19 pandemic.

Complete this checklist at the beginning of the work day and submit it to your supervisor before starting work.

Worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Screening Question | Response |
| Hygiene Practices |  |
| 1. Have you been to any public spaces such as the grocery store? | 🞏 Yes 🞏 No |
| 1. Have you been social distancing by maintaining at least 6 feet or 2 meters from others? | 🞏 Yes 🞏 No |
| 1. Do you cover sneezes and cough into a tissue or your elbow? | 🞏 Yes 🞏 No |
| 1. Are you cleaning and disinfecting common or shared areas at least twice daily? | 🞏 Yes 🞏 No |
| 1. Are you following hand washing protocols and good hand hygiene? | 🞏 Yes 🞏 No |
| 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. Cough | 🞏 Yes 🞏 No |
| * 1. Shortness of Breath | 🞏 Yes 🞏 No |
| * 1. Difficulty Breathing | 🞏 Yes 🞏 No |
| * 1. Sore Throat | 🞏 Yes 🞏 No |
| * 1. Runny Nose | 🞏 Yes 🞏 No |
| 1. Have you been in contact with someone who is showing symptoms or who is ill? | 🞏 Yes 🞏 No |
| 1. Have you been in contact with someone who has tested positive for COVID-19? | 🞏 Yes 🞏 No |

I understand completing this questionnaire to the best of my knowledge is to ensure the health and safety of everyone on the farm.

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference: <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_foreign_workers_guidance.pdf>