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Employee Health Screening Checklist re: COVID-19

We ask that this checklist be completed each and every time you come to work.

Name of Employee:		
Department/Shift Working:		
Temperature - Start of Shift:	End of Shift:	
A normal reading is 37C/ 98.6F. Employee temperature MUST be BELOW 38C/100F. Consult Manager if above normal.		
1. Do you have the symptoms below?	Please Circle	
• Fever (greater than 38 degrees Celsius)	Yes	No
• New onset of (exacerbation of chronic) cough, worsening chronic cough, shortness of breath and/or difficulty breathing	Yes	No
• Sore throat	Yes	No
• Runny nose, Nasal congestion or Sneezing without other known cause	Yes	No
• Unexplained fatigue/malaise/severe exhaustion	Yes	No
• Nausea/Vomiting/Diarrhea/Abdominal Pain/Unexplained loss of appetite	Yes	No
• Headache	Yes	No
• Pink eye (conjunctivitis)	Yes	No
• Hoarse voice	Yes	No
• Difficulty swallowing or painful swallowing	Yes	No
• Decrease or loss of sense of taste or smell	Yes	No
• Chills	Yes	No
2. Have you or someone in your household travelled outside of Canada in the last 14 days?	Yes	No
3. Have you or someone in your household had close contact (face to face within 2 meters/6 feet) with someone who is ill with cough and/or fever or confirmed or probable case of COVID-19?	Yes	No

Signature: _____ Date: _____

If you have answered "Yes" to ANY OF THE ABOVE QUESTIONS, please speak directly to your Manager before reporting to duty.

NOTE: You should self-monitor for symptoms throughout your shift while at the office and while at home.

Signing this form certifies that the above declarations you have made are true and correct. Any dishonest answers may have serious public health implications and employment consequences including discipline and possible discharge.