

Health Screening – Safe Job Procedure



General

Worksite:	Date:
Name:	Company:

1. Do you have any of the following symptoms of COVID-19 which are new or worsened if associated with allergies, chronic or pre-existing conditions:
<ul style="list-style-type: none">• Cough• Sore throat• Loss of smell• Shortness of breath• Runny nose, sneezing, post nasal drip, loss of smell with or without fever• Fever > 37.5 °C
2. Have you had close contact or have been in isolation with a suspected case of COVID or someone who has tested positive in the last 14 days?
3. Have you travelled internationally or been in close contact with someone who has travelled in the last 14 days?
If you answer "YES" to any of the above, you are not permitted to attend work at this time and you must self-isolate and contact a medical office of Health Link BC 811 to determine if you require testing.
If you are at work and you suddenly develop signs or symptoms of COVID-19, then you must perform hand hygiene, don't remove your mask, inform the supervisor, avoid further contact and leave as soon as it is safely possible. Even if sign or symptoms are mild, you will need to follow public health guidance with regard to testing and management.

Signature:	
Temp. arrival:	Temp. leaving: