WORK PLACE TEMPERATURE AND SYMPTOM CHECKING FORM – COVID-19

Every day you are required to check each employees' (and your own) temperature and screen for COVID-19 symptoms.

SYMPTOMS: Cough, sore throat, shortness of breath, loss of smell, change in taste sensation ….with or without other symptoms (fever, weakness, myalgia, diarrhoea).

Record the temperature daily and mark with an X is no symptoms. Mark with an S if symptoms present – refer immediately to the clinic/doctor.

NAME	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE