Staff Wellness Check

DATE | SITE SAFETY PERSON/POINT PERSON | SHIFT NUMBER

WEAR PPE WHEN SCREENING/MAINTAIN CONFIDENTIALITY/REPORT TO HEALTH DEPARTMENT
COMMUNICATE THE COVID-19 SITE SAFETY MEASURES EVERY DAY

STAFF MEMBER	TIME:	NAME:	YES	NO
DAILY TEMP _____	HAVE YOU KNOWINGLY BEEN IN CLOSE CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU BEEN IN CLOSE CONTACT WITH SOMEONE WHO HAS HAD SYMPTOMS FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU EXPERIENCED SYMPTOMS FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU TESTED POSITIVE FOR COVID-19 IN THE PAST 14 DAYS?			
	IF THE ANSWER IS YES, DO NOT ALLOW EMPLOYEE TO ENTER PREMISES			

STAFF MEMBER	TIME:	NAME:	YES	NO
DAILY TEMP _____	HAVE YOU KNOWINGLY BEEN IN CLOSE CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU BEEN IN CLOSE CONTACT WITH SOMEONE WHO HAS HAD SYMPTOMS FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU EXPERIENCED SYMPTOMS FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU TESTED POSITIVE FOR COVID-19 IN THE PAST 14 DAYS?			
	REPORT POSITIVES TO DEPARTMENT OF HEALTH, REVIEW CONTACT LOG			

STAFF MEMBER	TIME:	NAME:	YES	NO
DAILY TEMP _____	HAVE YOU KNOWINGLY BEEN IN CLOSE CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU BEEN IN CLOSE CONTACT WITH SOMEONE WHO HAS HAD SYMPTOMS FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU EXPERIENCED SYMPTOMS FOR COVID-19 IN THE PAST 14 DAYS?			
	HAVE YOU TESTED POSITIVE FOR COVID-19 IN THE PAST 14 DAYS?			
	EXPOSED INDIVIDUALS MUST REPORT TO EMPLOYER & HEALTHCARE PRACTITIONER			