

Daily COVID-19 symptom screening checklist



Details

Organisation		Department		Date	
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- Each day, before starting work/shift, use this checklist to screen for COVID-19 symptoms. Use one sheet per day.
- Each worker must be asked about all of the following symptoms: fever, cough, shortness of breath, sore throat, loss of sense of smell and change in sense of taste. Also ask if s/he has been told that s/he has COVID-19 in the past 2 weeks or if s/he is waiting for a COVID-19 test result. Record each response with a circle where applicable.
- If any worker responds with a 'Yes' to any of the questions, isolate worker in separate room, ensure s/he is wearing a mask and follow your workplace COVID-19 protocol.

Employee Name	Circle either Yes (Y) or No (N) for each option:																Comment
	Fever		Cough		Shortness of Breath		Sore Throat		Loss of sense of smell		Changes in sense of taste		In the past 2 weeks, have you been told that you have COVID-19?		Are you waiting for a COVID-19 test result?		
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	