

COVID-19 Worker Health Declaration – Updated November 10th 2020

Name: _____ Week of: _____

Visitor Phone Number/Company: _____

1. To the best of your knowledge, have you or anyone in your household returned from a trip in the past 14 days?

Outside Canada Yes No Unsure
 Inside Canada via air/bus/train Yes No Unsure

2. To the best of your knowledge, have you had contact with anyone with confirmed COVID-19 in the past 14 days?

Yes No Unsure

3. To the best of your knowledge, are you or any household members experiencing any of these symptoms?

- a) Fever above 38°C/100°F Yes No Unsure
- b) Sneezing Yes No Unsure
- c) Difficulty breathing Yes No Unsure
- d) Dry cough Yes No Unsure
- e) Sore throat Yes No Unsure

Question	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1							
2							
3 a)							
3 b)							
3 c)							
3 d)							
3 e)							
Arrival Time							
Departure Time							
Temperature Upon Arrival							

Steps:

If you answer yes to any of the above questions, or experience symptoms after completing this form, report to your supervisor and follow their instructions.

BC COVID-19 Symptom Self-Assessment Tool: bc.thrive.health/covid19/en

The information collected will only be disclosed upon lawful request, for example, to the Public Health Office for the purposes of contact tracing.

Signature (worker): _____ Date of Signature: _____