

EMPLOYEE CHECKLIST

Please complete the following questions before beginning your work today.

Name: _____

Date: _____ Time: _____

Do you have any of the following:



Fever



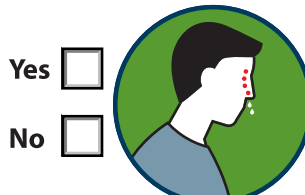
Cough



Shortness of breath



Sore throat



Runny nose



Feeling unwell

Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

Yes

No

Have you returned from travel outside Canada in the past 14 days?

Yes

No

STOP If you answered YES to any of these questions, go home & self-isolate right away. Visit <https://eohu.ca/en/covid-19-novel-coronavirus> for more information as you may be eligible for a COVID-19 test.

If feeling unwell, contact your health care provider or call Telehealth Ontario at 1-866-797-0000 to speak to a registered nurse.

<https://choosecornwall.ca/business/covid-19-updates/>

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