

COVID-19 DAILY HEALTH CHECK LOG SHEET FOR WORKERS DURING 14-DAY ISOLATION PERIOD

Name of Farm:	Address of Farm:
Supervisor/Recorder Name:	Instructions: Ask the workers DAILY if they are experiencing any COVID-19 Symptoms. If no, place a check mark ✓ in the box. If yes, place a X in the box, isolate the worker(s) and inform the WECHU.
COVID-19 Signs and Symptoms: Severe symptoms (call 911): Severe difficulty breathing, severe chest pain, confusion, losing consciousness Common Symptoms that are NOT related to other known causes or conditions: fever (>37.8 C), chills, new/worsening cough, barking/whistling cough, shortness of breath, sore throat, difficulty swallowing, runny nose (not related to other causes, e.g. allergies), loss of taste or smell, headache, nausea/vomiting, diarrhea, unusual muscle aches, extreme fatigue.	

Name of Worker	Isolation Location/Address	First Day of Isolation or Arrival Date (Day 1 is day after arrival)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Notes and Actions: List all symptoms and actions here
Example: Jones, John	1213 Hwy 18 Bunkhouse B	09/18/20	✓	✓	✓	✓	✓	✓	✓	X							Fever, chills, new cough. Isolated worker, informed health unit