

**NAME OF ESTABLISHMENT:**

**Week:**

**STAFF MUST SIGN IN AND ENSURE THAT STAFF HAVE COMPLETED COVID-19 SCREENING PRIOR TO THE START OF THEIR SHIFT.**

**This information will only be disclosed to the Windsor-Essex County Health Unit for the purpose of COVID-19 contact tracing.**

**REQUIRED INFORMATION FOR COVID-19 STAFF SCREENING**

*By signing in, staff are attesting that they have answered “No” to all questions on the “COVID-19 Screening for the Workplace” Screening Tool*

**This information must be kept by the premises for at least a month.**

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| **STAFF** **NAME** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Start of Shift** | **End of Shift** | **Start of Shift** | **End of Shift** | **Start of Shift** | **End of Shift** | **Start of Shift** | **End of Shift** | **Start of Shift** | **End of Shift** | **Start of Shift** | **End of Shift** | **Start of Shift** | **End of Shift** |
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