

Worker Health Declaration.

Name: _____ Week of _____

1. To the best of your knowledge, have you or anyone in your immediate family returned from a trip in the last 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 last 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 38c/100f | 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	Tues	We	Thurs	Fri	Sat	Sun
1							
2							
3a							
3b							
3c							
3d							
3e							

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.

<https://bc.thrive.health/covid19/en>