



EMPLOYEE HEALTH QUESTIONNAIRE

1. Are you experiencing any of the following symptoms of COVID-19?
 - Fever (average normal body temperature taken orally is about 37°C)
 - Chills
 - Cough or worsening of chronic cough
 - Shortness of breath
 - Sore throat
 - Runny nose
 - Loss of sense of smell or taste
 - Headache
 - Fatigue
 - Diarrhea
 - Loss of appetite
 - Nausea and vomiting
 - Muscle aches

If “yes”, please seek advice from your family physician and isolate for 10 days from first symptoms or until a negative COVID-19 test results have been obtained.

2. Have you been in close contact with a person showing symptoms or tested positive of COVID-19?

If “yes”, please isolate for 14 day.

3. Did you provide care or have you been in close contact with a person COVID-19 (probable or confirmed) while they were ill?

If “yes”, please isolate for 14 day.