COVID-19 Self-Monitoring Tool for Staff

Staff must complete and submit to Occupational Health and Safety on day 7 and on day 14 <u>or earlier if any symptoms develop.</u>

Staff Name: _____ Phone#: _____ Date Screening Began: _____

Week One Monitoring

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do you have a new/worse cough or shortness of breath?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Do you have a temperature of ≥38˚C? *Note, taken twice daily and record temperature*	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C

Week Two Monitoring

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Do you have a new/worse cough or shortness of breath?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Do you have a temperature of ≥38˚C? *Note, taken twice daily and record temperature*	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C	Yes☐___˚C No☐___˚C Yes☐___˚C No☐___˚C

IF YOU ANSWER <u>YES</u> TO ANY OF THE ABOVE, Please contact Renfrew County Public Health Unit at (613) 732-3629 and Occupational Health and Safety at extension 8200

Reference: Kingston Health Sciences Centre & Providence Care