

Guidance Document: COVID-19 Seasonal Worker Wellness Check

Farm Name and address:

Instructions:

Ask the worker daily if they are experiencing any of these symptoms: **fever, cough, shortness of breath, muscle aches, fatigue, headache, sore throat, runny nose, sneezing, nasal congestion, hoarse voice, difficulty swallowing.**

If **NO**, place a check in the box.

If **YES**, isolate the worker and contact the health unit COVID-19 hotline at **519-426-6170 EXT 9999**. For afterhours call PHI on-call at **1-877-298-5888**. Let them know you are calling regarding a **seasonal agricultural worker with symptoms**. Please provide your name and phone number, the employer/farm name and the worker's name. **If it is a life threatening emergency call 911.** Place an X in the box and record any symptoms in the notes section.

Note: Day one of isolation starts the day after arrival.

Once a worker has completed their 14 days of isolation, please submit the completed chart to the health unit at ehthotline@hnhss.ca

Name of worker	Isolation Address	Arrival Date (Day 0)	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 (for symptoms)
EXAMPLE Smith, John	12 Hwy 100 Bunkhouse A	4/12/20	√	√	√	√	X										Fever, cough