

COVID-19 Wellness Check Guidance Document

Farm Owner Name: _____

Ask each worker daily during the isolation period if they are experiencing any symptoms, including but not limited to:

- Fever and/or chills (temperature of 37.8°C /100°F or higher)
- Cough
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny or stuffy/congested nose
- Decrease or loss of taste or smell
- Pink eye
- Headache
- Digestive issues like nausea/vomiting, diarrhea, stomach pain
- Muscle aches
- Extreme tiredness
- Falling down often

If a worker is experiencing NO symptoms, put a check mark in the box for that day.

If a worker reports a symptom, put an X in the box for that day. Immediately isolate the worker in your backup isolation unit and contact the HNHU COVID-19 hotline at 519-426-6170 ext. 9999 (or call 1-877-298-5888 for after hours). Call 911 if it's a life threatening emergency.

Submit this form to ehthotline@hnhss.ca on Day 14 before 4:30 pm. You will then receive a confirmation email at 11:59 pm, and workers are free to exit isolation.

	Date →														
Name of worker	Isolation Address/ Identifier	Day 1 <i>Date of Arrival</i>	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8 <i>Switch Health Test</i>	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14 <i>Submit to HNHU before 4:30 pm.</i>