

# COVID-19 Worker Health Declaration

Name: \_\_\_\_\_ Week of: \_\_\_\_\_

**1. To the best of your knowledge, have you or anyone in your household returned from a trip in the past 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 past 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 38°C/100°F  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	Tue	Wed	Thu	Fri	Sat	Sun
1							
2							
3 a)							
3 b)							
3 c)							
3 d)							
3 e)							

**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.

**BC COVID-19 Symptom Self-Assessment Tool:** [bc.thrive.health/covid19/en](https://bc.thrive.health/covid19/en)

The information collected will only be disclosed upon lawful request, for example, to the Public Health Office for the purposes of contact tracing.

Signature (worker): \_\_\_\_\_ Date of Signature: \_\_\_\_\_