COVID-19 EXIT SCREENING June 18, 2020

Location:	

Purpose: To remind all staff and essential visitors to self-monitor for COVID-19 signs and symptoms outside the workplace

Instructions: All Reena employees, agency staff, staff from Health Care Providers, maintenance workers and all other essential visitors completes questionnaire below when leaving the location (before removing masks). If answering YES to any of the symptoms listed, notify the supervisor, self-isolate and as soon as possible, go get tested for COVID-19 at an assessment centre.

Date:	Time:	Name (printed):	I am experiencing symptoms of COVID-19 which includes the following: fever, new or worsening cough, shortness of breath, sore throat, difficulty swallowing, new olfactory or taste disorder, nausea, vomiting, diarrhea, abdominal pain and runny nose or nasal congestion in the absence of seasonal allergies	Signature to acknowledge that I understand the importance of reporting symptoms to my employer as soon as I begin to feel unwell
			[ ] yes [ ] no	
			[ ] yes [ ] no	
			[ ] yes [ ] no	
			[ ] yes [ ] no	
			[ ] yes [ ] no	
			[ ] yes [ ] no	
			[ ] yes [ ] no	
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