

## COVID-19 DAILY ASSESSMENT

Have you or anyone in your household exhibited any of the following symptoms in the last 14 days:

- Fever of over 38 degrees
- Sneezing
- Coughing
- Difficulty breathing or shortness of breath

No       Yes

Have you or anyone in your household had contact with anyone known to have tested positive for the COVID-19 virus?

No       Yes

Have you or anyone in your household travelled outside of Canada in the last 14 days:

No       Yes

**To the best of my knowledge the information above is correct and true.**

Person's Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_