

Food Safety - Staff Daily Health Sign-off sheet

Please read this document carefully and ask management if you have any questions or concerns.

The purpose of this sheet is for ALL food employees to think about and to verify with management that they are in good health, are not potentially sick with an illness that may contaminate the food or have symptoms consistent with COVID-19. This is to ensure customers and other employees do not become ill from contaminated food or contact with contagious individuals.

If you are experiencing any of the following symptoms/exposures, you MUST report this to your supervisor immediately. These symptoms/exposures include:		
* Jaundice	* Cough with Shortness of breath or difficult breathing	
* Vomiting	* Fever 100.4	* Shortness of breath or difficult breathing
* Diarrhea	* Cough	* Close contact with person with COVID-19
* Muscle Pain	* Sore throat	* Chills or repeated shaking with chills
* Headaches	* New loss of taste or smell	* Sore throat with fever
* I have not been asked to self-isolate or quarantine by a doctor or public health officer.		
You absolutely MAY NOT be working if you are vomiting, have jaundice or diarrhea. If you have symptoms of COVID-19 (fever of $\geq 100.4^\circ$, cough and/or shortness of breath, new loss of taste or smell, or chills) you must stay home or you will be sent home.		
If you have a combination of any other COVID-19 symptoms listed above (mucle pain, headaches, sore throa, etc.) you may be sent home. Close contact with persons with COVID-19 requires additional precautions (please review these with your manager).		

I have read (or had explained to me), understand and agree to report any of the above.

Date: _____

Location: _____

Print Name	Check Box		Signature
	Yes	No	
1	Yes	No	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	