

## 9 DAILY ASSESSMENT CHECK LOG SHEET

Outbreak #									Assessment Date:												
Name of Farm:									Bunkhouse Name/Unit # Address:												
Assessment Completed by:									Time of Health Check:												
	Employee Information							Symptoms Action Taken												ken	
Last Name	First Name	Date of Birth (Y-M-D)	Date of Arrival (Y-M-D)	No Symptoms	Cough/ new or worseing	Fever	Difficulty Breathing	Muscle Aches + Pains	Fatigue	Headache	Sore Throat	Runny Nose	Decrease or lack of appetite	Decrease or loss of smell or taste	Diarrhea	Nasal Congestion	Pink Eye	Isolated Y/N	Isolation Date (Y-M-D)	Symptoms Reported to Niagara Region Public Health (Y-M-D)	

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Please email to: outbreak@niagararegion.ca

Date created 2021-02-27