

Daily COVID-19 Health and Safety Questionnaire

The **daily COVID-19 health and safety questionnaire** is designed to help monitor symptoms and potential exposure, ensuring a safe environment for everyone. It is a crucial tool for identifying risks early and preventing the spread of the virus. Regular completion supports public health efforts and promotes community well-being.

Today's Date

Personal Information

Full Name:

Contact Number:

Health Questions

In the past 24 hours, have you experienced any of the following symptoms (not related to another known condition)?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue or unusual tiredness
- Loss of taste or smell
- None of the above

Exposure History

Have you, within the past 14 days:

- Been in close contact with someone diagnosed with COVID-19?
- No known contact

Declaration

I certify that the above information is accurate and complete to the best of my knowledge.