

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.

Submit