

Please have Employees Fill out at the beginning of each work day:

Symptoms:									
Fatigue	Dry Cough	Body Aches	Shortness of	of Breath	Loss of a	appetite	Headache	Loss of smell	or taste
	Sore Th	roat or stuffy nos	e Diarrhe	ea Any	other symp	otom you may	not normally h	ave	
						Are you currently unwell		Are you currently working	
Date		Employee Name		Body		with any symptoms listed		while quarantined with	
				Temperature		above? (CIRCLE)		the health department? (CIRCLE)	
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO
						YES	NO	YES	NO

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