



Compliance Officer: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Employee name and surname: \_\_\_\_\_

Employee department: \_\_\_\_\_

Daily symptom screening of each employee		YES	NO
1	Fever <i>(if higher than 37,5 - not allowed to enter workplace)</i>		
2	Cough		
3	Sore throat		
4	Redness of eyes		
5	Shortness of breath (difficulty in breathing)		
6	Loss of taste and smell		
7	Weakness or tiredness		
8	Body aches		
9	Nausea		
10	Vomiting		
11	Diarrhoea		
12	Fatigue		

Name of person testing: \_\_\_\_\_

Signature: \_\_\_\_\_