

Health Screening Form for Agency Worker

Worker's Name:	
Personal Contact Number (Mobile / Home):	
NRIC / Passport no:	

Self-declaration by worker:	
1.	<p>Do you have the following symptom(s), please tick the relevant box(es):</p> <p><input type="checkbox"/> Fever* <input type="checkbox"/> Persistent Cough* <input type="checkbox"/> No Covid-19 specific symptoms</p>
2.	<p>Does any member of your household have the following symptoms?</p> <p><input type="checkbox"/> Fever* <input type="checkbox"/> Persistent Cough* <input type="checkbox"/> No Covid-19 specific symptoms <input type="checkbox"/> Not applicable as live alone</p> <p><i>*If the worker has a fever/persistent cough and lives alone the worker must be told to self-isolate for 7 days and should not be booked on shifts.</i></p> <p><i>*If the worker or anyone they live with has a fever/persistent cough the worker must be told to self-isolate for 14 days and should not be booked on shifts.</i></p>
3.	<p>Have you been in direct contact with a confirmed Covid-19 case in the past 14 days?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><i>*The worker must be told to self-isolate for 14 days and should not be booked on shifts.</i></p>

Signature: _____

Date: _____