

INSERT ART HERE

Daily Contact Tracing Checklist

Name: _____

Date: _____

I feel well today:

If not, what symptoms are you presenting:

Current Temperature: _____

I have not travelled outside
the country (last 14 days) :

I have not travelled outside
the region (last 7 days) :

I have washed my hands
before I started work:

I have washed my hands
at lunch and breaks:

I have practiced
social distancing:

I have not been in
contact with people
that were infected,
suspected or diagnosed
with COVID-19: