

**Daily Worker Screening Form**

Farm Name and Address:

Today's Date:        /        /

Name/alias *(for ease of tracking, this will not be reported)*

Does this person have any of the following symptoms:  
*fever or feeling feverish/chills, cough; sore throat; runny or stuffy nose; eye tearing, redness, and/or irritation ('pink eye'); sneezing; difficulty breathing; shortness of breath; fatigue (feeling very tired); muscle or body aches; headaches; nausea; vomiting; diarrhea; seizures; or rash*

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

Yes     No     Not assessed today

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not assessed today
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not assessed today

**Add up the number of workers, the number screened today, and the number with symptoms today. These three aggregate numbers should be reported daily to: <insert email address and phone number of local POC at HD>**

**Anyone experiencing any symptoms should be referred to the below for influenza testing:**