

Bakery Employee Health Screening Form

Employee Name

Date

Shift Time

Symptoms Check

Are you experiencing any of the following symptoms?

- ☐ Fever
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Sore Throat
- ☐ None of the above

Temperature (°C)

Exposure Check

Have you been in close contact with anyone diagnosed with an infectious illness in the past 14 days?

- ☐ Yes
- ☐ No

Additional Comments