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| **COVID-19 SELF CHECK REGISTER** | | | | | | | |
| **JOB ADDRESS:** | | | | **DATE:** | | | |
| **BUSINESS NAME:** | | | | **MANAGER:** | | **SIGN:** | |
| Workers Name | Cough  Y/N | Sore throat  Y/N | Trouble breathing Y/N | Other symptoms? | Body temperature | Actions required Y/N | Cleared to work Y/N |
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