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