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|  **COVID-19 Self check register**  |
| **Job address:** | **Date:** |
| **Business name:**  | **Manager:** | **Sign:** |
| **Worker 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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