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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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