

XYZ Pharmaceutical (Pvt) Ltd.			
Logo	Title: <b>COVID-19 Check List</b>	Document Number	XY/QA/SOP/001 (Annex. I)
		Revision Number	00
		Effective Date	DD.MM.YYYY
		Form No.	CL /001/YYYY
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Sr#	SYMPTOMS
1	Do you have cough?
2	Do you have colds?
3	Are you having Diarrhea?
4	Do you have sore throat?
5	Are you experiences body aches?
6	Do you have a headache?
7	Do you have fever (37.8 C or above)?
8	Are you having difficulty breathing?
9	Are you experiencing Fatigue?
10	Have you traveled recently during the past 14 days?
11	Do you have direct contact or is taking care of a positive COVID-19 Patient?