

Thai Save Thai: ThaiSaveThai for Thailand: For Safe Household and COVID-19 Free Workplace

 Organization name		Name							
 Division/Group/Sector		Last name							
 Phone number		Date of the first assessment							

Please fill in the dates in the top row and assess the risk during the past 14 days. If you have any history relevant to the items on please put a checkmark (*) in the date column on the right-hand side. If you don't have any relevant history, do not put any marks

Item	Risk Factors	Date									
1	You have a history of exposure to a confirmed case of COVID-										
	19 and have one of the following symptoms: fever, coughing,										
	runny nose, sore throat, loss of smell, loss of taste, difficulty in										
	breathing, dry throat, fatigue, aching, and diarrhea.										
2	(1) You have one of the following symptoms: fever, coughing,										
	runny nose, sore throat, dry throat, fatigue, aching, diarrhea; AND										
	(2) You have been to one of the following risk locations:										
	Righ-risk provinces announced by the government / crowded places										
	or / places where people drink and eat, not wearing masks, talk and										
	sing loudly, and shout/ places where people do activities in										
	buildings/vehicles that are non-ventilated; AND										
	(3) You have one of the following behaviors: have been in contact										
	with other people with a distance of less than 1 meter/ for longer										
	than 1 hour / mostly not wearing a mask/ do not wash hands after										
	touching objects										
	If you have all of the above 3 items, please put a checkmark (\checkmark)										
	in the date column.										
3	You lose your sense of smell or taste.										
4	You have difficulty in breathing/shortness of breath, chest pain, and										
	fatigue to the extent that you lose the ability to speak as normal.										
5	You have a result of oxygen saturation (O2 sat) of lower or equal to										
	95%										
6	You have an abnormal lungs X-ray result.										
Summary of the risk assessment											
	Very high risk means you have a history in item no. 1. Please put a checkmark in the date column.										
	High risk means you have some history in items no. 2 - 6. Please put a checkmark in the date column.										
	Moderate - Low risk means you don't have any relevant history in items no. 1 through 6. Please do not put a checkmark in the date										
Advice for practice											
	Very high risk: You are advised to stop working immediately. Contact a hospital for isolation in a hospital.										
	High risk: You are advised to stop working, practice self-isolation, and get a confirmation test by a hospital. You may consider										
	Moderate - Low risk: You can go to work as normal. There is no need to quarantine. As you may not be infected, or infected										