COVID-19 EMPLOYEE HEALTH CHECK LOG

				HIPAA AND LOCAL PRIVACY LAWS.

DATE: SHIFT:	
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First Name	Last Name	Temperature Check (F°/C°)	Cough/ chest congestion	Sore throat/ loss of taste	New Shortness of Breath	New Runny nose/ congestion/ loss of smell	Fatigue/ headache/ body aches	Vomiting/ diarrhea	Fever- reduce meds since last check?	Asked to go home?
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

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