

Employee Sign In Sheet- PLEASE WASH YOUR HANDS!!

Remember: Do not shake hands with, touch, or hug individuals

Date	Name	Time In	Time Out	What areas of the facility were you in today?	Have you had <i>at least two of these symptoms</i> : fever, repeated shaking with chills, headache, diarrhea, chills, muscle pain, sore throat, vomiting, new loss of smell/taste?	Worked in another setting with confirmed COVID-19?
					Yes / No	Yes / No
Phone Number		Cough/Shortness of Breath				
		Yes / No				
					Yes / No	Yes / No
Phone Number		Cough/Shortness of Breath				
		Yes / No				
					Yes / No	Yes / No
Phone Number		Cough/Shortness of Breath				
		Yes / No				
					Yes / No	Yes / No
Phone Number		Cough/Shortness of Breath				
		Yes / No				
					Yes / No	Yes / No
Phone Number		Cough/Shortness of Breath				
		Yes / No				
					Yes / No	Yes / No
Phone Number		Cough/Shortness of Breath				
		Yes / No				
					Yes / No	Yes / No
Phone Number		Cough/Shortness of Breath				
		Yes / No				

Please monitor yourself for signs and symptoms of infection (Cough, shortness of breath, Fever, repeated shaking with chills, headache, diarrhea, chills, muscle pain, sore throat, vomiting, new loss of smell/taste).

Should any symptoms occur, please notify us immediately at _____.