EMPLOYEE MONITORING FORM

Location:

Employee is to complete screening form at the beginning of every shift. Temperature must be taken and symptoms monitored at every 12 hour interval while working.

If temperature is 99.6 or greater, or the employee answers yes to any symptoms – RN supervisor on call must be notified.

EMPLOYEE WILL LEAVE THE SITE IMMEDIATELY if temperature or symptoms develop

				SYMPTOMS: Please answer Y – Yes or N - No														
DATE	**NAME**	**TIME**	**TEMP** (ACTUAL)	Cough	Short of breath	Body aches	Chills Shakes	Nasal Congestion	Sore Throat	Nausea and Vomiting	Headache	Fatigue	Abdominal Pain	Diarrhea	Change or loss of taste or smell	Pink Eye	Pale red or blue fingertips/toes	RN NOTIFIED IF SYMPTOMATIC

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