Visitors & Shift-to-Shift Employee Log

Location: _____

All of the individuals we serve are at serious health risk associated with the Coronavirus COVID-19, in order to protect these individuals, anyone entering this building must acknowledge if whether or not they have any of the symptoms associated with this virus. If you have any of these symptoms you will not be permitted to enter the building and will need to reach out to your Supervisor, Director and/or HR for guidance.

****These symptoms include: *Fever greater than 100^{o}, Cough, Sore throat, Respiratory illness or Difficulty breathing*****

Date	Time In	Time Out	Print Name	Signature	Reason for Visit	Temperature Upon Arrival	Are you experiencing any of these symptoms? Fever greater than 100^{o}, Cough, Sore throat, Respiratory illness or Difficulty breathing
							☐ YES ☐ NO
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