

Daily Staff Temperature and COVID-19 Symptom Log **rev. 7/22/2021**

Date: _____

Site: _____

Staff Name	AM Temp	<p>1. I do not have any of the following symptoms: fever, cough, difficulty breathing, runny nose, congestion, sore throat, nausea, diarrhea, vomiting, chills, or head or muscle aches.</p> <p>2. No one in my household has any of the above symptoms.</p> <p>3. No one in my household has travelled outside the country in the last 14 days.</p> <p>4. I confirm, that to my knowledge, I have not been in direct contact (within 6 feet without a mask or other protective wear) of someone who has tested positive for COVID19 within the last 14 days in or outside of my household.</p>	Staff Initials	PM Temp.	<p align="center">PM Symptom Check Confirmation:</p> <p>Yes = I confirm "yes" to all questions to the left (#1-4)</p> <p>No= If you have developed symptoms, you should notify your supervisor immediately</p>	Staff Initials
		Yes _____, I confirm "yes" to all questions (you can enter the building) No _____, I cannot confirm all questions above (you are not allowed to enter the building; please email Brittany Vidrine/site LBAs)			_____ Yes _____ No	
		Yes _____, I confirm "yes" to all questions (you can enter the building) No _____, I cannot confirm all questions above (you are not allowed to enter the building; please email Brittany Vidrine/site LBAs)			_____ Yes _____ No	
		Yes _____, I confirm "yes" to all questions (you can enter the building) No _____, I cannot confirm all questions above (you are not allowed to enter the building; please email Brittany Vidrine/site LBAs)			_____ Yes _____ No	
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		Yes _____, I confirm "yes" to all questions (you can enter the building) No _____, I cannot confirm all questions above (you are not allowed to enter the building; please email Brittany Vidrine/site LBAs)			_____ Yes _____ No	

Verification of Daily Staff Temperature and COVID-19 Symptoms

Date	I hereby verify that all staff meet the safety criteria indicated by Touchstone COVID-19 safety procedures.	I hereby verify that all staff meet the safety criteria indicated by Touchstone COVID-19 safety procedures.	I confirm that all daily staff temperature/ symptom logs were discarded.
	Staff Signature: _____ Time verification completed: _____ I confirm that _____ staff were checked and _____ staff were sent home.	Staff Signature: _____ Time verification completed: _____ I confirm that _____ staff were checked and _____ staff were sent home.	Yes _____ No _____ Rationale: _____ _____ Staff Signature:
Date	I hereby verify that all staff meet the safety criteria indicated by Touchstone COVID-19 safety procedures.	I hereby verify that all staff meet the safety criteria indicated by Touchstone COVID-19 safety procedures.	I confirm that all daily staff temperature/ symptom logs were discarded.
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	<p>Time verification completed: _____</p> <p>I confirm that _____ staff were checked and _____ staff were sent home.</p>	<p>Time verification completed: _____</p> <p>I confirm that _____ staff were checked and _____ staff were sent home.</p>	<p>_____</p> <p>Staff Signature:</p>
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