|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CLIENT:** | **Temperature**  **Q4H** | | **New or worsening**  **Cough (Y/N)** | **Sore Throat, Join Pain, OR**  **Muscle Pain**  **Ache, Extreme Fatigue**  **(IF VERBAL)** | **Nurse notified:**  **(Y/N) Name** | **STAFF’s**  **Initial** |
| **LOCATION:** | **TIME∕ TEMP** | **TIME∕ TEMP** |  |  |  |  |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No |  |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No |  |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No |  |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No |  |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No |  |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No |  |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No | Initial 1  Initial 2 |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No | Initial 1  Initial 2 |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No | Initial 1  Initial 2 |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No | Initial 1  Initial 2 |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No | Initial 1  Initial 2 |
| **DATE:** | Time  Temp | Time  Temp | Yes  No | Enter details | Yes  Enter name  No | Initial 1  Initial 2 |

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