|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  |  |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  |  |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  |  |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  |  |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  |  |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  |  |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  | Initial 1Initial 2 |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  | Initial 1Initial 2 |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  | Initial 1Initial 2 |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  | Initial 1Initial 2 |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  | Initial 1Initial 2 |
| **DATE:**  | TimeTemp | TimeTemp | Yes [ ] No [ ]  | Enter details | Yes [ ]  Enter name No [ ]  | Initial 1Initial 2 |

akdjf