## **COVID-19 EMPLOYEE ASSESEMENT**

## **DATE:**

Name	Status		Symptoms/Risks			Temp
	□ Working □ Leave	□ Not scheduled □ Quarantined	□ Cough □ Fever	☐ Respiratory Distress☐ Tested Positive	<ul><li>□ Exposed to + or test pending</li><li>□ No known symptoms/risks</li></ul>	
	□ Working □ Leave	☐ Not scheduled ☐ Quarantined	□ Cough □ Fever	☐ Respiratory Distress☐ Tested Positive	<ul><li>□ Exposed to + or test pending</li><li>□ No known symptoms/risks</li></ul>	
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