DAILY HEALTH CHECK LOG SHEET – COVID-19

Date: _____

Name of Farm:	**Bunkhouse Name/Unit #/Address:**
Supervisor/Recorder Name:	**Time of Health Check:**

COVID-19 Signs and Symptoms: fever, dry cough, difficulty breathing, muscle aches, fatigue, headache, sore throat, runny nose

Employee Information		**Symptoms**									**Action Taken**		
Name of Employee	**Date of Arrival**	**Good Health Reported No symptoms present**	**Cough**	**Fever**	**Difficulty Breathing**	**Muscle Aches**	**Fatigue**	**Headache**	**Sore throat**	**Runny Nose**	**Good Health Reported No Action Required**	**Symptoms Reported: Self-isolated immediately**	**Health Care Provider Contacted Date and name of provider**