## DAILY HEALTH CHECK LOG SHEET – COVID-19

Date: \_\_\_\_\_

Name of Farm:	Bunkhouse Name/Unit #/Address:													
Supervisor/Record	Time of Health Check:													
	<b>COVID-19 Signs and Symptoms:</b> fever, dry cough	, difficulty breathing, muscle aches, fatigue, headache, sore throat, runny nose, loss of taste or smell												
	Symptoms									Action Taken				
Date	Name of Employee	Date of Arrival	Good Health Reported No symptoms present	Cough	Fever	<b>Difficulty Breathing</b>	Muscle Aches	Fatigue Headache	Sore throat	Runny Nose	Loss of taste or smell	Good Health Reported No Action Required	Self-isolated	Health Care Provider Contacted Date and name of provider