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| **Covid-19 Daily Visitor/Employee Log (Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** |
| **Name** | **Time-In** | **Time-Out** | **(y/n) Have you had a Temp in the last 14 days?** | **(y/n) Have you been exposed to Covid 19 in the last 14 days?** | **(y/n) Have you had a fever in the last 72 hours?** | **(y/n) Have you had an illness within the last 10 days?** | **Please remain 6 feet apart from staff.****Initials** | **Please wear a mask when interacting with people.****Initials** | **Please wash hands and use sanitizer frequently.****Initials** | **Phone Number** |
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