Resident Symptoms Screening Log

Facility:

Location:

Date	Time	Resident Name	Screener Initials	Body Temperature (Fever: ≥100°F or 37.8°C)	Screening Questions						Actions		Notes
					New Cough?		*New Sore Throat?*		*New Shortness of Breath?*		*Referred to Op.Comf.?*		
				Actual Reading	Yes	No	Yes	No	Yes	No	Yes	No	

Staff Symptoms Screening Log

Facility:

Location:

Date	Time	Employee/Volunteer Name	Screener Initials	Body Temperature (Fever: ≥100°F or 37.8°C)	Screening Questions						Actions		Notes
					New Cough?		*New Sore Throat?*		*New Shortness of Breath?*		*Sent Home?*		
				Actual Reading	Yes	No	Yes	No	Yes	No	Yes	No	