

DAILY HEALTH CHECK LOG SHEET – COVID-19

Date: _____

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

