nstructor	School	

## Are you experiencing any of the following symptoms?

Cough, Shortness of Breath, Chills, Headache, Sore Throat, Loss of Taste & Smell, Diarrhea or Vomiting?

Week of:	Clinical Day:							Clinical Day:				
Unit/Location:												
, ,	STEP 1	Symp	STEP 3	STEP 4	STEP 1	Symp	STEP 3	STEP 4	STEP 1	Symp	STEP 3	STEP 4
Student Name	Temp	Ck	ОК	EHW	Temp	Ck	ОК	EHW	Temp	Ck	ОК	EHW
Week Of:	Clinical	Dav.			Clinical	Dav.			Clinical	Dav.		
Unit/Location:	Cililical	Day.			Cirricar	Day.			Cirrical	Day.		
Offit/Location.	STEP 1	Symp	STEP 3	STEP 4	STEP 1	Symp	STEP 3	STEP 4	STEP 1	Symp	STEP 3	STEP 4
Student Name	Temp	Ck	OK	EHW	Temp	Ck	OK	EHW	Temp	Ck	OK	EHW
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