Office Name

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| DATE | NAME | TEMPERATURE <100.4°F | COUGH | NEW SHORTNESS OF BREATH | ASKED TO GO HOME  (Note Time Dismisse) |
| 5.18.20 | Jen Smith | 98.6 | ☐ Yes  x No | ☐ Yes x No | ☐ Yes, Time:        x No |
| 5.18.20 | Rob Wilson | 100.5 | ☐ Yes x No | ☐ Yes x No | x Yes, Time: 8:00  ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
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|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
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|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |

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| --- | --- | --- | --- | --- | --- |
| DATE | NAME | TEMPERATURE <100.4°F | COUGH | NEW SHORTNESS OF BREATH | ASKED TO GO HOME  (Note Time Dismissed) |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |

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| DATE | NAME | TEMPERATURE <100.4°F | COUGH | NEW SHORTNESS OF BREATH | ASKED TO GO HOME  (Note Time Dismissed) |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |

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| DATE | NAME | TEMPERATURE <100.4°F | COUGH | NEW SHORTNESS OF BREATH | ASKED TO GO HOME  (Note Time Dismissed) |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |
|  |  |  | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes, Time:       ☐ No |