# APPENDIX IV. EMPLOYEE TEMPERATURE & SYMPTOM ATTESTATION LOG

## Employee Temperature Log

*Note: Temperature and symptom attestation becomes more important the higher risk the environment becomes. For* ***Low Risk*** *employees, no attestation may be needed. Simply letting staff know they should stay home when sick and COVID-19 general awareness training should be sufficient. For* ***Medium Risk*** *employees, self-testing of temperature and self-reporting of symptoms may be sufficient. For* ***Higher Risk*** *employees, employer monitoring for temperature, both pre and post shift, as well as checking with employee for symptoms, may be necessary to protect the workplace****.***

## Proper thermometer care:

* Lenses can only be cleaned with alcohol
* Batteries can be requested through <LIST DEPARTMENT OR PERSON>
* Alcohol swabs can be requested through <LIST DEPARTMENT OR PERSON>
* Manufacturer’s instructions are available in the documents below

## Leadership responsibility:

* Identify a location where temperatures will be taken.
* Identify a tool that works for your department tracking.
* Monitor the temperature log for completeness (daily).
* Hold staff accountable for timely monitoring.
* Save the documentation in a place that is readily accessible to your department’s leadership team for when the document will need to be retrieved. This should be a location where more than one person can access it.

## Individual staff member responsibility:

* Monitor temperature twice daily, once before starting your shift, and once before leaving.
* Attest that there are no new, or worsening, symptoms.
* If your temperature exceeds the recommended threshold, or new symptoms are present, communicate with your supervisor, leave work, and call <LIST PERSON OR DEPARTMENT> immediately.

## Guide for Completion:

* **Name** – Write Employee Name
* **Date** – Enter the today’s date
* **Start or End of Shift** – Enter START if beginning shift and END if ending shift
* **Temperature above 100.4** – Was the temperature reading at or above 100.4, **Yes or No**
* **Any Symptoms or Signs of Illness** – Headache, Fever, Cough, Shortness of Breath, Chills, Chills with shaking, Muscle Aches, Sore Throat, New Loss of Sense of Smell or Taste – **Yes or No**
* **Signature** – Sign to the best of your knowledge the answers are true

### Employee Temperature and Illness Attestation Log

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name | Date | Start or End of the Shift | Temperature at or above 100.4?  (Y or N) | Symptoms or signs of illness? (Y or N) | Signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |