

## SELF MONITORING FORM

Employees should record their temperature and check the boxes if they **HAVE NOT** had these symptoms in the last twelve (12) hours - A CHECK IN THE ORANGE BOX MEANS "NO" - I HAVE NOT HAD THE SYMPTOM

Notify Safety Officer / Infection Control Officer if you have a temperature of **100.0** or higher and/or **HAVE** experienced any of these symptoms in the last twelve (12) hours

Date	Name	Time	Temp F°	Cough		Sore Throat		Short of Breath	
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO
		0800			NO		NO		NO
		2000			NO		NO		NO

adapted from the Joint Guidance for the Florida Fire Service: Guidance to Protect Employees from Community Spread within Fire Stations

