me:

Daily temperature and Symptom Check									Working Time							Co-Worker Check	
Date		Body Temperati e		of .	Cough	Malaise	Other:	Activity History (excluding work)	Employee Entrance	Face Mask and Face Shield	Prohibition of Face-to-Face Eating and Drinking	Periodic Classroom Ventilation	Disinfection	Hand Washing and Disinfection	Social Distancing	Plaza/ Staff Name	Date
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