Station/Shift_____ Self Monitoring Form

Employees should record their temperature and check the boxes if they HAVE NOT had these symptoms in the last 24 Hours

Notify District Chief AND EMS Chief if you have a temperature of 100.4 or higher, or HAVE experienced any of these symptoms in the last 24 hours

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