**EMPLOYEE INFECTION LINE LIST/LOG**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DATE** | **EMPLOYEE NAME** | **UNIT WORKED** | **SYMPTOMS OR COMPLAINTS****(Nausea, vomiting, diarrhea, fever, cough, sore throat, infected skin lesions, etc.)** | **SEEN BY PHYSICIAN****(Y/N)** | **CONFIRMED INFECTION****(MD OR LAB)** | **DATE/TIME OF ONSET OF SYMPTOMS** | **NUMBER OF HOURS WITH NO SYMPTOMS** | **RETURN TO WORK DATE** |
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