**EMPLOYEE INFECTION LINE LIST/LOG**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |