LOG FOR MILWAUKEE COUNTY DAILY HEALTH SCREENING

Department Name: _____   **Location: _____**

Date of Shift Start	Name	I Certify that I have Completed the Health Questionnaire for Today and Am Cleared for In-Person Work	I Certify That I have Completed my Temperature Screening for Today and Do Not have a Temperature of 100.4°F (38°C) or higher
MM/DD/YY	First Last	X	X