



Employee Wellness Monitoring Form

Name:	Emp. ID #:	Email:
Job Title:	Emp. Phone:	
Dept Name:	Supervisor:	

Instructions: Please complete this form each day at the start of your work day. If your temperature is above 38.0C/100.0F or you have the below symptoms, call Employee Health's dedicated phone at (650) 988-7808. **Do not come to work sick.** If you develop symptoms while at work, notify employee health and your supervisor.

Day #	Date	Time	Temp at Work	Cough (Circle Answer)	Shortness of Breath (Circle Answer)	Sore Throat (Circle Answer)	Night Sweats/Chills (Circle Answer)	Employee Initials
1				Yes No	Yes No	Yes No	Yes No	
2				Yes No	Yes No	Yes No	Yes No	
3				Yes No	Yes No	Yes No	Yes No	
4				Yes No	Yes No	Yes No	Yes No	
5				Yes No	Yes No	Yes No	Yes No	
6				Yes No	Yes No	Yes No	Yes No	
7				Yes No	Yes No	Yes No	Yes No	
8				Yes No	Yes No	Yes No	Yes No	
9				Yes No	Yes No	Yes No	Yes No	
10				Yes No	Yes No	Yes No	Yes No	
11				Yes No	Yes No	Yes No	Yes No	
12				Yes No	Yes No	Yes No	Yes No	
13				Yes No	Yes No	Yes No	Yes No	
14				Yes No	Yes No	Yes No	Yes No	