DATE:_____

CONFIDENTIAL

Sidney Department of Fire & EMS
COVID-19 Screening Log

Log In / Out (Time)					
	Unit #	Asymptomatic (rec. temp. reading)	Symptomatic (call Shift Comm immediately)	If Symptomatic: Isolation	Health and Safety Notification
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					
IN					
OUT					

Shift Commander/Station Officer:_____

Signature