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

	Immediate Family? (Y or N)				Completed	Temperature taken (Y or N)				
	End of Life care visitors				questionnaire	Must be below 100 for				Screener
Name of Person Entering Campus	only	Employee	Visitor	Vendor	(must be completed)	entry	Time In	Time Out	Signature	Initials
Mr. John Example	N	1			Y	Y	1:55p	9:00p	Mr.John Example	L.B.

THIS LOG MUST BE:

MAINTAINED AT CONTROL DESK FROM 8A - 6P TRANSFERRED TO DESIGNATED NURSE STATION FROM 6P - 8A MAINTAINED & SECURED FOR 6 MONTHS