



Center for Social Change

Temperature Log (°F)

Name of Individual: Month/Year:

Location:

DATE	TIME: 08:00 AM		TIME : 08:00 PM	
	TEMPERATURE(°F)	INITIALS	TEMPERATURE(°F)	INITIALS
1				
2				
3				
4				
5				
6				
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COVID19 SYMPTOMS: Fever Cough Shortness of Breath

Please contact Nurse at 410-654-1010 if temperature is above 99 °F