

5.25 Pandemic RV-IMT Incident Personnel & Visitors Check-In Form

Incident:

All of the individuals we serve are at serious health risk associated with the Coronavirus COVID-19, in order to protect these individuals, anyone assigned to this incident must acknowledge if whether or not they have any of the symptoms associated with this virus. If you have any of these symptoms you will not be permitted to participate in the exercise and will need to reach out to your Supervisor, Director and/or HR for guidance.

<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>Print Name</u>	<u>Signature</u>	<u>Department/Agency</u>	<u>Position</u>	Are you experiencing any of these symptoms? Fever greater than 100°, Cough, Sore throat, Respiratory illness or Difficulty breathing
							<input type="checkbox"/> YES <input type="checkbox"/> NO
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							<input type="checkbox"/> YES <input type="checkbox"/> NO
							<input type="checkbox"/> YES <input type="checkbox"/> NO
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