EMS Program Self- Monitoring Form

Record students temperature and check the boxes if they <u>HAVE NOT</u> had these symptoms in the last 12 Hours

Notify your instructor if you have had a temperature of <u>100.0</u> or higher, or HAVE experienced any of these symptoms in the last 12 hours

Date	Name	Time	Temp F°	Cough	Sore Throat	Short of Breath
			•	NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NC
				NO	NO	NC
				NO	NO	NC
				NO	NO	NC
				NO	NO	NC
				NO	NO	NC
				NO	NO	NC
				NO	NO	NC
				NO	NO	NC
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	N
				NO	NO	N
				NO	NO	NO
				NO	NO	N
				NO	NO	NO
				NO	NO	N
				NO	NO	NO
				NO	NO	NO
				NO	NO	N
				NO	NO	N
				NO	NO	N
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO
				NO	NO	NO