

## Recommended Sick Log Employee Wellness Check

Employee (Name)	Excluded/Sent Home On? (Date)	Signs and Symptoms* (See Employee Wellness Check)	Diagnosed with a pathogen**	Conditional Work Allowance*** (must check compliance during work)	May Return On? (See Return to Work Recommendations) (Date)	Notes
<i>John Doe</i> <i>Julie May</i>	<i>April 10, 2020</i> <i>April 24, 2020</i>	<i>Close contact</i> <i>Diarrhea</i>	<i>No</i> <i>No</i>	<i>Yes</i> <i>No</i>	<i>April 24, 2020</i> <i>April 28, 2020</i>	<i>Monitor</i> <i>If no</i> <i>symptoms</i>

\* Feeling sick, Fever and/or sore throat, Cough or shortness of breath, Diarrhea, Vomiting, Jaundice, Infected wound, or Close contact with a sick person (signs and symptoms include those for pandemic coronavirus and foodborne illnesses)

\*\* *Salmonella* Typhi/typhoid-like fever, *Shigella* spp., *E. coli* 0157:H7 or other Shiga-toxin producing *E. coli*, Hepatitis A, or Norovirus

\*\*\* Employee must wear a face mask at all times, maintain a 6 feet distance from other employees, be monitored during work for signs and symptoms and excluded immediately if these conditions cannot be met. Employee should follow these conditions for 14 days after last close contact