Two times per day (morning and evening), write down your temperature and any COVID-19 symptoms you may have: feeling feverish, coughing, or difficulty breathing. Fill in the dates on the log, starting with Day 1, the day you travel to the slope. Maintain the log each day you are on the slope and submit the log to the medical clinic at the end of your hitch. Call your clinic immediately with any concerns!

**Symptom and Temperature Log**

HRE Daily Log

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Day | Date | Social Distancing | | Temp. Check #1 | Temp. Check #2 | COVID - 19 Symptoms | | General Comments |
| 1 |  | Yes | No |  |  | Yes | No |  |
| 2 |  | Yes | No |  |  | Yes | No |  |
| 3 |  | Yes | No |  |  | Yes | No |  |
| 4 |  | Yes | No |  |  | Yes | No |  |
| 5 |  | Yes | No |  |  | Yes | No |  |
| 6 |  | Yes | No |  |  | Yes | No |  |
| 7 |  | Yes | No |  |  | Yes | No |  |
| 8 |  | Yes | No |  |  | Yes | No |  |
| 9 |  | Yes | No |  |  | Yes | No |  |
| 10 |  | Yes | No |  |  | Yes | No |  |
| 11 |  | Yes | No |  |  | Yes | No |  |
| 12 |  | Yes | No |  |  | Yes | No |  |
| 13 |  | Yes | No |  |  | Yes | No |  |
| 14 |  | Yes | No |  |  | Yes | No |  |
| 15 |  | Yes | No |  |  | Yes | No |  |
| 16 |  | Yes | No |  |  | Yes | No |  |
| 17 |  | Yes | No |  |  | Yes | No |  |
| 18 |  | Yes | No |  |  | Yes | No |  |
| 19 |  | Yes | No |  |  | Yes | No |  |
| 20 |  | Yes | No |  |  | Yes | No |  |
| 21 |  | Yes | No |  |  | Yes | No |  |
| 22 |  | Yes | No |  |  | Yes | No |  |
| 23 |  | Yes | No |  |  | Yes | No |  |
| 24 |  | Yes | No |  |  | Yes | No |  |
| 25 |  | Yes | No |  |  | Yes | No |  |
| 26 |  | Yes | No |  |  | Yes | No |  |
| 27 |  | Yes | No |  |  | Yes | No |  |
| 28 |  | Yes | No |  |  | Yes | No |  |