PATHWAY HEALTH
Insight | Expertise | Knowledge

LeadingAge®

EMPLOYEE INFECTION LINE LIST/LOG

DATE: _____

DATE	EMPLOYEE NAME	UNIT WORKED	SYMPTOMS OR COMPLAINTS (Nausea, vomiting, diarrhea, fever, cough, sore throat, infected skin lesions, etc.)	SEEN BY PHYSICIAN (Y/N)	CONFIRMED INFECTION (MD OR LAB)	DATE/TIME OF ONSET OF SYMPTOMS	NUMBER OF HOURS WITH NO SYMPTOMS	RETURN TO WORK DATE