Employee Illness Monitoring Log

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| --- | --- | --- | --- | --- |
| Name of Employee | Nature of Illness | Date and Time of Report | \*Action Taken | Date and Time of Return |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
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\*Use the Illness Guide in *Part 1: Prerequisite Programs, Employee Health Policy Documents* to determine the appropriate action.