



HEALTHCARE PERSONNEL AND VISITOR MONITORING LOG

COVID-19 (SARS-COV-19)

04/07/2020 1402

_____/_____/_____
LAST FIRST MI

_____/_____/_____
DOB Facility Room

Instructions: This log should be completed by every healthcare worker and visitor accessing the room of a COVID-19 patient. This log is to help healthcare providers and local health department personnel make sure that providers and visitors are protected from the virus and keep track of people who may have been exposed to the virus.

NAME Of Healthcare Personnel or Visitor	Date	Time In	Time Out	Negative Pressure Room	Regular Patient Room	Any identified exposures or breaches in infection control? (If yes, explain in comments)	Relationship to patient (HCP or Visitor)	Phone number (if visitor)	Comments
	__/__/__	__: __ AM/PM	__: __ AM/PM	<input type="checkbox"/> CAPR <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> N95 <input type="checkbox"/> Eye Protection or Face Shield	<input type="checkbox"/> Mask <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HCP <input type="checkbox"/> Visitor		
	__/__/__	__: __ AM/PM	__: __ AM/PM	<input type="checkbox"/> CAPR <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> N95 <input type="checkbox"/> Eye Protection or Face Shield	<input type="checkbox"/> Mask <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HCP <input type="checkbox"/> Visitor		
	__/__/__	__: __ AM/PM	__: __ AM/PM	<input type="checkbox"/> CAPR <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> N95 <input type="checkbox"/> Eye Protection or Face Shield	<input type="checkbox"/> Mask <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HCP <input type="checkbox"/> Visitor		
	__/__/__	__: __ AM/PM	__: __ AM/PM	<input type="checkbox"/> CAPR <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> N95 <input type="checkbox"/> Eye Protection or Face Shield	<input type="checkbox"/> Mask <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HCP <input type="checkbox"/> Visitor		
	__/__/__	__: __ AM/PM	__: __ AM/PM	<input type="checkbox"/> CAPR <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> N95 <input type="checkbox"/> Eye Protection or Face Shield	<input type="checkbox"/> Mask <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HCP <input type="checkbox"/> Visitor		
	__/__/__	__: __ AM/PM	__: __ AM/PM	<input type="checkbox"/> CAPR <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> N95 <input type="checkbox"/> Eye Protection or Face Shield	<input type="checkbox"/> Mask <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HCP <input type="checkbox"/> Visitor		
	__/__/__	__: __ AM/PM	__: __ AM/PM	<input type="checkbox"/> CAPR <input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> N95 <input type="checkbox"/> Eye Protection or Face Shield	<input type="checkbox"/> Mask <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gown <input type="checkbox"/> Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> HCP <input type="checkbox"/> Visitor		