

COVID-19 Employee Absence or Illness Log



Instructions: Use this log to monitor employee absences due to illness. Tracking absences will enable your establishment to better control the spread of illnesses.

This is not the form to use to track foodborne illness symptoms in food establishments. That form can be reviewed at:

www.southernnevadahealthdistrict.org/download/ferl/20190603-Employee-Absence-Illness-Record.pdf

Date Reported	Employee Name	Symptoms Reported to Manager by Employee		Manager/Employee Response					
		Symptoms* Cough (C), Fever (F), Shortness of Breath (SB)	Other Symptoms	Date Excluded or Restricted from Work**	Date Returned to Normal Work Duties	Consulted with Doctor?	Diagnosed?	Contacted Health District?	Restricted Duties
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	
		<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> SB <input type="checkbox"/> Other				YES / NO	YES / NO	YES / NO	

* Symptoms of COVID-19 include cough fever or shortness of breath, other symptoms of COVID-19 include any of the following: chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

** If employees are suffering from cough, fever, shortness of breath or any two of the other symptoms, the employee should be sent home until they have had no fever for at least 72 hours without the use of medicine, other symptoms have improved and at least seven days passed since the symptoms first appeared.