

[Name of Care Home Here]

Staff Name:

*Nama:*

Staff Number (if present):

*Nombor Staf (jika ada)*

<i>Date Tarikh</i>	<i>Time Masa</i>	<i>Temperature Suhu Badan</i>	<i>Cough (y/n) Batuk</i>	<i>Short of Breath (y/n) Sesak Nafas</i>