**Temperature Log~ Return to Work/School**

**Please use this log to monitor your temperature during isolation/quarantine. Provide this log to UNK Student Health or your medical provider with the Medical Clearance form to obtain permission to return to work/class at UNK.**

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| --- | --- | --- | --- | --- |
|  | **DATE** | **TIME** | **Temperature**  **~take twice a day** | **Notes/Symptoms** |
| **Day 1** |  |  |  |  |
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| **Day 2** |  |  |  |  |
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| **Day 3** |  |  |  |  |
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| **Day 4** |  |  |  |  |
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| **Day 5** |  |  |  |  |
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| **Day 6** |  |  |  |  |
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| **Day 7** |  |  |  |  |
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| **Day 8** |  |  |  |  |
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| **Day 9** |  |  |  |  |
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| **Day 10** |  |  |  |  |
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| **Day 11** |  |  |  |  |
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| **Day 12** |  |  |  |  |
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| **Day 13** |  |  |  |  |
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| **Day 14** |  |  |  |  |
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I certify that this information is true. I know this information will be used to obtain medical clearance from UNK Student Health.

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_