

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.

	DATE	TIME	Temperature ~take twice a day	Notes/Symptoms
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				

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#: _____