

DATE: \_\_\_\_\_

## BUS DRIVER DAILY CHECK-IN FORM

### INSTRUCTIONS

1. Complete daily.
2. Record: **Y** = yes. **N** = No.
3. Only record temperature above 100.1.

\*\*Any person with positive symptoms should **NOT** be permitted to board the bus.

\*\*Travel questions should be reviewed in regards to travel advisories and COVID-19 Hotspots.

	Name	Temp over 100.1	Fever	Cough	Sore throat	Breath shortness	Contact w/anyone diagnosed	Traveled OUT of State or Country	Taken Fever-reducing medication
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Driver Signature: \_\_\_\_\_