Staff Body Temperature Chart

**Name :**

**Role :**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Temperature**  **° C** | **Site**  **(Ear, Forehead, Axilla)** | **Comments** | **Initials** |
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I confirm that I consent to the daily checking of my body temperature at work. I understand that this is to protect myself, my family, other staff and service users. I will not attend work, if I have any symptoms of COVID-19 and will notify my manager immediately if I become unwell. I understand that my records will be kept confidentially and will only be retained in line with the organisation’s data retention policy and procedure.

Signed  Print Name

Dated 