

Students daily record at the gate

Date: _____

S.No	Name	Class	Civil ID#	Tel #	Temp	Travel hx	Symptoms hx/remarks	Nurse's signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								

Staff daily record at the gate

Date: _____

S.No	Name	Position	Civil ID#	Tel #	Temp	Travel hx	Symptoms hx /remarks	Nurse's signature
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								



Visitors daily record at the gate

Date: _____

[illegible]



Daily record on the bus

Date: _____

[illegible]