**Resuming Research Activities Personnel Log**

**Location: Location/Activity Supervisor:**

**If you are experiencing any of the following COVID-19 symptoms:**

* Cough
* Shortness of breath
* Difficulty breathing
* Fever (body temp >100.4 F/38 C)
* Chills
* Muscle pain
* Headache
* Sore throat
* New loss of taste or smell

**You should:**

* Not report to work
* Contact your personal physician or contact Student Health Center at (209) 667-3396 or <https://www.csustan.edu/health-center> for further guidance
* Let your manager or supervisor know that you won’t be working that day

**I acknowledge that I am self-monitoring and not experiencing COVID-19 symptoms**

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| **Name (Print)** | **Date** | **Time-In** | **Time-Out** | **No COVID-19 Symptoms** | **Signature** |
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