

PART A: GENERAL INFORMATION

Requesting Department/Unit		Point of Contact
Phone Number		Email

PART B: NEED FOR TEMPERATURE CHECK PROGRAM

Please describe the need to implement a temperature check program:

PART C: TEMPERATURE CHECK PROGRAM DETAILS

Please provide the following information (attach additional sheets if necessary):

Population being checked:	
Location of temperature checks:	
Method of checking <i>(i.e., glass thermometer, digital thermometer, etc.)</i>	
Frequency of temperature checks:	
Employee(s) doing the temperature checks: <i>(names, titles)</i>	
Plan to train employees to temperature checks:	
Process for temperature above 100.4:	



Plans for maintaining confidentiality:

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Space to provide additional information:

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APPROVALS:

- Student Health Services Vice President Office of General Counsel

Approver's comments:

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Effective Date:

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