Columbia College
COVID-19 Assessment Results Tracker

Date: _____

	Name	Time	Reason for being at the college?	Normal Temp? Yes/No	Did they answer "NO" to all	If "YES", were they sent home?	Signature of Assessor
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Date: _____

	Name	Time	Reason for being at the college?	Normal Temp? Yes/No	Did they answer "NO" to all	If "YES", were they sent home?	Signature of Assessor
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