職員・利用者 体温・体調チェックリスト（組織単位）

チェック単位＝対象組織（いずれかに○）　：　職員ならびに家族　 ・　　利用者

チェック対象者の氏名：（①＿＿＿＿、②＿＿＿＿、③＿＿＿＿、④＿＿＿＿、⑤＿＿＿＿、⑥＿＿＿＿、⑦＿＿＿＿、⑧＿＿＿＿、⑨＿＿＿＿、⑩＿＿＿＿ ）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 月日  チェック項目 | *（例）*  *6/10* | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| １体温（●度以下⇒○） | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ２鼻水 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ３せき | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ４くしゃみ | *×* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ５全体倦怠感 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ６下痢 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ７嘔吐 | *×* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ８咽頭痛 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ９関節痛 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10その他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 問題ある項目  （該当者氏名） | *４*  *(\*\* ①)*  *７*  *(++ ②)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| チェック者サイン | *＊＊* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

注: 上記チェック項目ごと対象者全員が問題なければ○印、一人でも症状があれば×印をつけ該当者を特定

職員・利用者 体温・体調チェックリスト（個人別）

チェック単位＝対象組織（いずれかに○）　：　職員ならびに家族　 ・　　利用者

チェック対象者の氏名：（　　　　　　　　　　　　　）

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| 月日  チェック項目 | *（例）*  *6/10* | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| １体温 | *36.5* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ２鼻水 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ３せき | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ４くしゃみ | *×* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ５全体倦怠感 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ６下痢 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ７嘔吐 | *×* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ８咽頭痛 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ９関節痛 | *○* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10その他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 問題ある項目  （詳細） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| チェック者サイン | *＊＊* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |