

Rainbow Treatment Center Daily Wellness Report

Staff Member's Name: _____ Date: _____

Time Physical Wellness Report was taken: _____

Temperature: _____ Heart Rate: _____ Oxygen level: _____	<p>If temperature is between 99 and 100.2, it will be rechecked in 20 minutes, if it remains high employee will be asked to return home. If temperature is over 100.2, the employee may not remain at work and should be referred for medical assessment.</p> <p>If oxygen is below 90 and above 88, it will be rechecked in 20 minutes. If it remains low, employee will be asked to return home to work. If oxygen level is below 88 IHS recommends that the employee report to the Emergency room.</p>
Cough	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Nasal Congestion	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Runny Nose	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Sore Throat	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Diarrhea	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Vomiting	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Persistent Pain/Pressure in Chest	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Loss or change in smell or taste	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Rash on skin or discoloration	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
If you mark yes to any of the above symptoms report home and call your supervisor the following morning before reporting to work.	
Tiredness/fatigued	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Aches & Pains	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Swollen lymph nodes	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Headache	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Chills	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Muscle or body aches	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
Shortness of Breath	None Yes, severity is: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
If you mark yes on any of the above symptoms your supervisor will check on you within two hours to see if the symptoms have decreased/increased in severity. The Administrative Director or the Clinical Director will decide if you are able to remain in the office.	

- I am not on quarantine
- I am not positive for COVID 19
- I have been in close contact with someone diagnosed with COVID 19
- I am COVID positive, my release date is _____
- I am on quarantine; my release date is _____

If you start to feel any of the above symptoms contact your supervisor immediately and report home.

If you have any of the above symptoms for three or more days in a row RTC leadership recommends that you report to IHS to be tested.

TO BE COMPLETED BY RECEPTIONIST COMPLETING THIS FORM:

Is the staff member in need of immediate medical care?

- No
- Yes, assist the staff member with getting the medical care he or she requires.

If you experience COVID symptoms for 3 or more days, RTC recommends you seek out medical attention. If you have a negative COVID test you may return to work.

Receptionist Completing the Wellness Report: _____

Receptionist Signature: _____

*This form can also be filled out online on the RTC staff portal webpage (you will still need to get your temperature and oxygen levels done at the main building)