

Internal Staffs health Condition

Date:

Ref No:

Person In Charge:

No.	Employee Name	Wearing Mask (Y/N)	Body Temperature	Cough (Y/N)	Remark
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					