Month:	
Name of Waiver Participant:	<del></del>

Date	Temp	Cough	Symptoms of Sore Throat	Shortness of Breath	Exposure to Someone with COVID-19 like Symptoms
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Month:	
Name of Waiver Participant:	<del></del>

Date	Temp	Cough	Symptoms of Sore Throat	Shortness of Breath	Exposure to Someone with COVID-19 like Symptoms

Month:	
Name of Waiver Participant:	

			Exposure to Someone with COVID- 19 like Symptoms
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Month:	
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			Exposure to Someone with COVID- 19 like Symptoms
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Month:	
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			Exposure to Someone with COVID- 19 like Symptoms
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