

Sign in/out sheet and health check-In

Name & Phone # _____				PRODUCTION TITLE: _____			
LOCATION #1 ADDRESS			DATE:		COURSE NUMBER:		
Location #2 ADDRESS			DAY: 1 2 3 4 5 6		PAGE _____ OF _____		
#	POSITION	NAME (Print)	Phone #	IN TIME	HALF HOUR LUNCH	SYMPTOMS CHECK (CLEAR)	OUT TIME
1	Director						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							