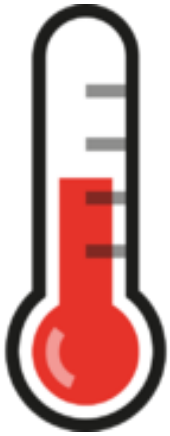

Personal Screening Log

EMS Provider Name: _____

Date	Time	Temperature

Date	Time	Temperature