

Patient Sticker

COVID Unit ONLY

TRACKING FORM FOR HEALTH CARE WORKER

By signing this form, I am stating that I cared for this patient and the proper PPE (Key below) was worn each time I entered the patient's room and the COVID Unit. If proper PPE was not worn, indicate below your name what PPE was not worn.

Form must be faxed to Infection Prevention upon discharge or when requested **with patient sticker***

715-847-2207; DSH: 608-745-5142

NAME	SHIFT DATE/TIME	EMPLOYEE NUMBER

P = PAPR / R = N95 Respirator / G = Gown / GL = Gloves / F = Face shield / GO = Goggles