WCMCA Head Start Employee & Visitor Health Screening Log

My initials acknowledge that I completed the WCMCA Head Start Employee Health Screening Checklist upon entering the center/classroom on the dates provided.

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Center: _____ Month/Year: _____