GRAPE TREE
MEDICAL STAFFING

COVID TESTING LOG

Fresh Staffing Solutions

Name: _____ **Date of Birth:** _____

Signature: _____

*By signing this form, I certify that the below information has been accurately and appropriately completed by COVID testing personnel and reflect actual COVID testing information. I understand that incorrect information could result in disciplinary action.

Date	Location of Testing	Name of Person Testing	Signature of Person Testing	Routine or Symptomatic Testing	Results (+/-)
				☐ Routine ☐ Symptomatic	
				☐ Routine ☐ Symptomatic	
				☐ Routine ☐ Symptomatic	
				☐ Routine ☐ Symptomatic	
				☐ Routine ☐ Symptomatic	
				☐ Routine ☐ Symptomatic	
				☐ Routine ☐ Symptomatic	

REMINDER: Please send this document into covidtesting@grapetree.com by Wednesday at 8am