**CONTROL DE ACCESO PARA ACTIVIDADES**

Marcar con X el o los síntomas que ha presentado en las últimas 48 hrs

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N°** | **Nombre Completo** | **RUT** | **Cargo / Unidad** | **¿Ha tenido contacto con una persona con COVID en los últimos 15 días?** | | **Fiebre mayor o igual 37,5° C.** | **Debilidad general, fatiga o cansancio.** | **Dolor de garganta.** | **Conjuntivitis (enrojecimiento ocular)** | **Tos.seca.** | **Dolor u opresión en el pecho.** | **Escalofríos o vértigo.** | **Diarrea.** | **Pérdida del gusto o el olfato.** | **Náuseas o vómitos.** | **Dificultad respiratoria.** | **Dolores musculares.** | **Dolor de cabeza.** | **Erupciones cutáneas.** | **Congestión nasal.** | **Índice de Temperatura** | **Apto para ingresar** | | **Hora de Ingreso** | **Hora de Retiro** |
| **SI** | **NO** | **SI** | **NO** |
| **01** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **05** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **06** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **07** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **08** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **09** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |