



In-service Sign-In Sheet

In-service Topic:	COVID-19 Rapid Swab QUIZ (Part 1)	In-service Date:	INDICATE DATE READ BELOW
Facilitator:	SELF STUDY PACKAGE PROVIDED BY:	Start Time:	N/A
		End Time:	N/A
In-service Location:		Session Duration:	Self Study

	Employee Name (Please PRINT Legibly)	Employee Initials	Employee ID # (Please Include)	Date Read	Employee Position	Employee Base Site/Program
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Please email a copy to (QHRdataentry@southernhealth.ca) for QHR Data Entry. Thank you!

EMAILED to QHR Entry on _____

DD/MM/YY



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	Employee Name (Please PRINT Legibly)	Employee Initials	Employee ID # (Please Include)	Date Read	Employee Position	Employee Base Site/Program
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