Nepean Housing-Attendance and Screening Tracker – Community Programs

Program Staff		**Start Date:**	
Program Location:		**End Date:**	

Participant Name	Pre-Program		Date:			Date:			Date:			Date:			Date:		
	Pre-Program Declaration of Health	Participant Declaration of Health	Health Screening (Pass/Fail)	Time In	Time Out	Health Screening (Pass/Fail)	Time In	Time Out	Health Screening (Pass/Fail)	Time In	Time Out	Health Screening (Pass/Fail)	Time In	Time Out	Health Screening (Pass/Fail)	Time In	Time Out