XPRESS URGENT CARE

SIGN IN SHEET

LOCATION:

DATE:

Please **ALERT** the front desk **IMMEDIATELY** if you have any of the following symptoms or reactions:

- Chest Pain/Chest discomfort
- Shortness of Breath
- Numbness
- Bleeding
- History of Seizure
- Confusion/ loss of consciousness
- Children w/ High Fever
- Head injury
- Dizziness
- Breaking out in a cold sweat, nausea, and/or lightheadedness
- Severe abdominal Pain
- Foreign Material in Body

PRINT NAME	ARRIVAL TIME	VISIT STATUS (INTERNAL USE ONLY)	
		INITIAL	LWBS (REPORT)

Revision date:10/06/2021