

 **Admission Checklist**

**Nasal Iodophor Tracker**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day 1**□ \_\_ /\_\_□ AM □ PM □ Refused | **Day 2**□ \_\_ /\_\_□ AM □ PM □ Refused | **Day 3**□ \_\_ /\_\_□ AM □ PM □ Refused | **Day 4**□ \_\_ /\_\_□ AM □ PM □ Refused | **Day 5**□ \_\_ /\_\_□ AM □ PM □ Refused |

***\*check box and write in date for each application***