

**Admission Checklist**

**Nasal Iodophor Tracker**

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| --- | --- | --- | --- | --- |
| **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***