



# SIGN IN SHEET

## Heat-Related Illnesses: Identification, Prevention and Treatment

Instructors: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

#	Printed Name	Signature	Email/Telephone #
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#	Printed Name	Signature	Email/Telephone #
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