

## COVID-19 Daily Temperature and Symptom Monitoring Worksheet

Date of last close contact\* to a person considered to be infectious: \_\_\_\_\_ + 14 Days = \_\_\_\_\_ Last date of monitoring

Instructions: Persons who have been exposed to an individual with COVID-19 should monitor themselves for symptoms twice daily for 14 days.

- Temperature - Should be checked twice daily; once in the morning and once in the evening and documented below.
- Symptoms - Place an X in the box next to each symptom experienced during the course of a day.
  - If a symptom experienced is not listed, mark 'Other' for the corresponding date and time and write in the symptom.
  - If symptoms are not experienced, an "X" should be placed in the box labeled "No symptoms" for the corresponding date and time.

If a temperature greater than 100.4°F or symptoms listed below occur during the monitoring period, the Close Contact should isolate themselves & seek testing.

Day	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Temperature	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Fever (T > 100.4)														
Chills														
Cough														
Shortness of breath/ Difficulty breathing														
Fatigue														
Muscle or body aches														
Headache														
New loss of taste or smell														
Sore throat														
Congestion or runny nose														
Nausea or vomiting														
Diarrhea														
Other (specify)														
No symptoms														

Date of Last Close Contact

## COVID-19 Daily Temperature and Symptom Monitoring Worksheet

Day	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
Date														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Temperature	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Fever (T > 100.4)														
Chills														
Cough														
Shortness of breath/ Difficulty breathing														
Fatigue														
Muscle or body aches														
Headache														
New loss of taste or smell														
Sore throat														
Congestion or runny nose														
Nausea or vomiting														
Diarrhea														
Other (specify)														
No symptoms														

\* Close Contact – being within six (6) feet of someone who has been diagnosed with COVID-19 for at least several minutes (usually about 15 minutes) during their infectious period.