## **COVID-19 Daily Temperature and Symptom Monitoring Worksheet**

## Date of last close contact\* to a person considered to be infectious: \_\_\_\_\_\_ + 10 Days = \_\_\_\_\_\_ Last day of symptom monitoring

Instructions: Persons who have been exposed to an individual with COVID-19 should monitor themselves for symptoms twice daily for 10 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		Da	ay 1	Da	Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		Day 8		Day 9		Day 10	
Date																						
		AM	PM	AM	PM	AM	PM	AM	AM	AM	PM											
Time of check:																						
Temperature		°F	°F	°F	°F	°F	°F	°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	act																					
Fatigue	Contact																					
Muscle or body aches																						
Headache	st Cl																					
New loss of taste or smell	e of Last Close																					
Sore throat	Date																					
Congestion or runny nose																						
Nausea or vomiting																						
Diarrhea																						
Other (specify)																						
No symptoms																						

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