VDH Daily Monitoring Log for Coronavirus (COVID-19)

Name: _____

These charts are being provided to help with monitoring for coronavirus disease (COVID-19) for the 14 days since the last possible exposure. Please use them to record your temperature and any symptoms, should they occur. Symptoms of COVID-19 may occur 2-14 days after exposure.

Ideally, measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log. It is good to take your temperature at around the same times each morning and evening. For your most accurate temperature, do not eat, drink, or exercise for 30 minutes before taking your temperature, and do not take any fever-lowering medications (aspirin, Tylenol, Aleve, etc.).

If you feel feverish or develop mild symptoms (e.g., cough, sore throat), stay home, rest, and separate yourself from other people in your home as much as possible. Most people sick with COVID-19 develop mild symptoms that get better without medical help. By staying home, you reduce the chance of spreading the illness to others, including healthcare workers who are needed to care for the more seriously ill. Learn more about what to do if you are sick.

If you are at a higher risk of getting very sick with COVID-19 (e.g., 65 years or older or have other health issues like chronic lung disease, heart disease, diabetes, cancer, or a weakened immune system) or if your illness is getting worse (e.g., difficulty breathing or persistent fever after using fever-reducing medication), call your healthcare provider.

- If it is determined that you should go to an emergency department for further evaluation, and if it is not a medical emergency, you should have a family member or a friend drive you in a private car. Do not take public transportation (such as a train, subway/metro, bus, taxi). Carry any paperwork (for example: fever chart and local health department contact information) with you so you can show them when you arrive at the emergency department.

- If you become very ill and it is a medical emergency, call 9-1-1. Tell the operator about your travel history or exposure to someone sick with COVID-19 and symptoms and let the ambulance crew know when they arrive.

You may wish to record contact information for your healthcare provider, the health department, and a local emergency department for easy reference if you become ill or if you have questions.

- Local Health Department:
  - Name: _____
  - Phone Number: _____
- Healthcare Provider:
  - Name: _____
  - Phone Number: _____
- Local Emergency Department:
  - Name: _____
  - Phone Number: _____

Daily Monitoring Log for COVID-19

Use the table below to record temperature and symptoms each day as a way to help monitor your health if you have been potentially exposed to COVID-19. For each symptom listed, indicate "Y" for "Yes" and "N" for "No". Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): _____

Date of last exposure or travel departing date : _____

Date to complete monitoring (14 days following last known exposure or 14 days after a sick household contact has been released from isolation): _____

DATE	__/__/__ Day 1	__/__/__ Day 2	__/__/__ Day 3	__/__/__ Day 4	__/__/__ Day 5	__/__/__ Day 6	__/__/__ Day 7
Medications taken today?* If yes, list:	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____
Temperature (morning)	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F
Temperature (evening)	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F
Felt feverish?/warm/sweaty	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If 'yes' for cough, specify productive or dry							
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue/very tired?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal pain/stomach pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite/not hungry?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other Symptoms/Comments?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

*List all "medications taken today." Be sure to include fever-reducing medications (such as aspirin, ibuprofen, Tylenol, or steroids). For a full list of signs and symptoms, please see https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html

Daily Monitoring Log for COVID-19

Use the table below to record temperature and symptoms each day as a way to help monitor your health if you have been potentially exposed to COVID-19. For each symptom listed, indicate "Y" for "Yes" and "N" for "No". Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): _____

Date of last exposure or travel departing date: _____

Date to complete monitoring (14 days following last known exposure or 14 days after a sick household contact has been released from isolation): _____

DATE	__/__/__ Day 8	__/__/__ Day 9	__/__/__ Day 10	__/__/__ Day 11	__/__/__ Day 12	__/__/__ Day 13	__/__/__ Day 14
Medications taken today?* If yes, list:	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____	Y N _____ _____ _____
Temperature (morning)	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F
Temperature (evening)	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F
Felt feverish?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If 'yes' for cough, specify productive or dry							
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other Symptoms/Comments?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

*List all "medications taken today." Be sure to include fever-reducing medications (such as aspirin, ibuprofen, Tylenol, or steroids). For a full list of signs and symptoms, please see https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html