Instructions for Individuals with High-Risk Exposure to COVID-19

The Wisconsin Department of Health Services and your local health department have determined you are at high risk of having been exposed to 2019 novel coronavirus (COVID-19). This decision was made either because you traveled to an area affected by COVID-19 or you had contact with someone who was infected.
To protect yourself, your family, and your community, practice **self-quarantine** and **self-monitoring**.

Self-Quarantine

Stay home (or other location approved by public health). This means do not go to work, school, or public areas. If you need medical care, it is important you follow the instructions below.

While at home **separate yourself from other people** in your home. As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Avoid sharing personal household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home. After using these items, they should be washed thoroughly with soap and water.

Wash your hands often and practice good hygiene.

Postpone all non-essential medical appointments until you are out of quarantine. If you have an essential appointment during the quarantine, please tell your local health department who will help coordinate the visit.

Self-Monitoring

Measure your temperature twice a day. If you do not have a thermometer, or need instructions for using one, let your local public health department know.

Stay in touch with your local health department. They will need to be in touch with you daily to ask about how you are feeling. They will tell you how to provide this information (for example, phone calls, emails, text message).

Watch for **cough** or **difficulty breathing**.

If your symptoms get worse or you have difficulty breathing:

1. Contact your local health department. If you require medical assistance, your local health department will tell you how to get to a doctor if an ambulance is not required. **Do not** use public transportation, ride-sharing, or taxis.

2. If possible, wear a facemask if you need to be around other people.

3. Cover your mouth and nose with a tissue when you cough and sneeze.

If you need emergency medical attention any time during the monitoring period, call 911 and let them know that you are being monitored for novel coronavirus.

14-day Fever and Symptom Tracker for Individuals with High-Risk Exposure to COVID-19

Name				Age (years)	Sex ☐ Male ☐ Female

Street Address	City	State	Your Telephone Number

Local Health Department	Telephone Number – Daytime	Telephone Number – After hours

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day.

Do not leave any spaces blank. If you have a fever or any symptom, immediately call your local public health department.

Date (month/day) (Days 1-14)	Feverish?	Temperature Morning (a.m.)	Temperature Evening (p.m.)	Cough	Sore Throat	Shortness of Breath	Other Symptoms
1	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
2	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
3	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
4	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
5	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
6	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
7	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
8	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
9	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
10	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
11	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
12	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
13	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
14	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	