VDH Daily Monitoring Log for 2019 Novel Coronavirus

Name: _____   Date of Birth: _____

The attached charts have been provided to assist with monitoring for 2019 Novel Coronavirus (COVID-19) for the 14 days since the last possible exposure. Please use them to record your temperature twice daily and any symptoms, should they occur. Measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log that you have been given. It is good to take your temperature at around the same times each morning and evening. Do not eat or drink anything for 30 minutes before taking your temperature, and do not take any fever-lowering medications (aspirin, Tylenol, Aleve, etc.).

People with COVID-19 usually have mild to severe respiratory illness with symptoms of fever, cough, shortness of breath. Some people have other symptoms, including chills, muscle pain, headache, sore throat, or new loss of taste or smell. Not everyone with COVID-19 will have all symptoms and fever might not be present. These symptoms may appear 2-14 days after exposure.

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 possible, 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

Please complete the table below, recording temperature and symptoms each day. 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: _____

Date to complete monitoring (14 days following last known exposure or travel from affected area): _____

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?	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

Daily Monitoring Log for COVID-19

Please complete the table below, recording temperature and symptoms each day. 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: _____

Date to complete monitoring (14 days following last known exposure or travel from affected area): _____

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

VDH/OEPI
4/30/20