

You have been asked to self-isolate and self-monitor for symptoms of COVID-19 (novel coronavirus) for 14 days after contact with a case or after travel from an affected area.

Each day, please record any symptoms you are having on the form below. *It is especially important that you take your temperature each day with a thermometer and record it.* Do not share your thermometer.

If possible, do not take medications that may reduce fever (e.g. Tylenol/acetaminophen or Advil/ibuprofen). Consult a health care provider or pharmacist if you are not sure whether a medication will reduce a fever.

**Some people who have been asked to self-isolate will be contacted each day by public health for symptom monitoring. Some people will not be contacted on a daily basis, but they are still asked to monitor and record symptoms daily. Please record your symptoms on this form whether or not you are contacted daily by public health.**

If you develop any of the symptoms listed below, follow these directions:

- *For severe symptoms* (difficulty breathing, new confusion), please go to the nearest hospital or call 9-1-1 and let the health care providers know by phone before arrival that you are self-isolating due to risk of COVID-19.
- *For milder symptoms*, please arrange testing for COVID-19 by calling:
  - Your public health nurse or contact person, if you have been assigned one, according to the direction they have given you; or,
  - Your health care provider; or,
  - 8-1-1 (if you do not have a public health contact person assigned or a health care provider).

You should have also received a handout with information about how to self-isolate (avoid others). Please make sure you have read it and can follow the directions in it. It is especially important that you follow the self-isolation directions if you develop symptoms. If you have any questions, please contact your public health contact person or 8-1-1.

Name:

Date of Birth:  
Personal Health Number:  
Phone Number:

Monitoring Start Date (last day of contact with case or travel to an  
affected area): \_\_\_\_\_  
Monitoring End Date (Monitoring Start Date + 14 days): \_\_\_\_\_

Indicate the presence or absence of any of the symptoms below with a yes/no under the corresponding day and date.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Date</b>														
<b>Symptoms</b>														
Chills														
Conjunctivitis ("pink eye")														
Cough														
Diarrhea														
Fatigue														
Temperature (please record daily in °C)														
Sore throat														
Runny nose														
Shortness of breath/difficulty breathing														
Other (please list)														
Any medications taken for symptoms? Please list														