

# Instructions for Individuals with Medium-Risk Exposure to COVID-2019

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

## Limited Self-Quarantine



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



Depending on your work location and situation, **you may be able to go to work**. Your local health department will work with you and your employer to determine if you need to stay home from work or make alternate arrangements.



**Do not use public transportation, ride-sharing, or taxis.**



**Postpone any travel.** If travel is absolutely necessary, you need to work with your local public health department. If you travel and become ill, you may not be able to return home.



**Wash your hands often** and practice good hygiene.



As long as you feel healthy, you may leave the home (in a private vehicle) for a limited time to take care of routine and necessary activities, such as grocery shopping or visiting the pharmacy. Try to avoid busy times of day.



**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.

You may also consider the following recommendations:



**Minimizing contact** with other in your home (stay in your own room and, when possible, use your own bathroom) and **avoid sharing personal household items** such as dishes, towels, and bedding.

## 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.



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



**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).

## If you develop fever, cough, have difficulty breathing, or need medical care:

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.**

BUREAU OF COMMUNICABLE DISEASES

[www.dhs.wisconsin.gov/dph/bcd.htm](http://www.dhs.wisconsin.gov/dph/bcd.htm) | [DHSDPHBCD@dhs.wi.gov](mailto:DHSDPHBCD@dhs.wi.gov)  
Wisconsin Department of Health Services | Division of Public Health



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

Name			Age (years)	Sex <input type="checkbox"/> Male <input type="checkbox"/> 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	