Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date symptoms started (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-monitoring Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* *Avoid the use of fever-reducing medicines (e.g., acetaminophen/Tylenol, ibuprofen/Advil) as much as possible. Fever-reducing medicines could hide early symptoms; if these must be taken, speak with your health care provider. Pay attention to your health. If you develop any symptoms write YES or NO below for each symptom daily.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Self-monitoring day** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Date (MM/DD)** |  |  |  |  |  |  |  |  |
| **Daily temperature**  **(degrees Celsius) °C °** |  |  |  |  |  |  |  |  |
| * **NO SYMPTOMS** |  |  |  |  |  |  |  |  |
| **Chills** |  |  |  |  |  |  |  |  |
| **Conjunctivitis** |  |  |  |  |  |  |  |  |
| **(pink eye)** |  |  |  |  |  |  |  |  |
| **Cough** |  |  |  |  |  |  |  |  |
| **Diarrhoea** |  |  |  |  |  |  |  |  |
| **(loose stool/poop)** |  |  |  |  |  |  |  |  |
| **Fatigue (tired)** |  |  |  |  |  |  |  |  |
| **Runny nose** |  |  |  |  |  |  |  |  |
| **Short of breath or** |  |  |  |  |  |  |  |  |
| **difficulty breathing** |  |  |  |  |  |  |  |  |
| **Sore throat** |  |  |  |  |  |  |  |  |
| **Other (add in notes)**  **loss of appetite, loss of**  **taste or sense of smell,**  **nausea & vomiting,**  **muscle aches,**  **headache, new chest** |  |  |  |  |  |  |  |  |