#  Daily Monitoring Log for Coronavirus (COVID-19)

 These charts are being provided to help with monitoring for coronavirus disease 2019 (COVID-19) for the 14 days since the last possible exposure. Please use them to record your temperature and any symptoms (i.e., fever, cough and/or shortness of breath), should they occur. Symptoms of COVID-19 may occur 2-14 days after exposure**.**

Ideally,measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log. It is good to take your temperature at around the same times each morning and evening. For your most accurate temperature, do not eat, drink, or exercise for 30 minutes before taking your temperature, and do not take any fever-lowering medications (e.g., Aspirin, Tylenol, Aleeve, etc.).

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. If you become ill, call your healthcare provider. Teladoc is also available to County employees and their dependents, without a fee.

If you are at a higher risk of getting sick with COVID[-19](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html) (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 it is determined that you should go to an emergency department for further evaluation, 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 (bus, taxi). Carry any paperwork (for example: fever chart and health department exposure 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 exposure to someone sick with COVID-19, your symptoms and let the ambulance crew know when they arrive.

#  Daily Monitoring Log for COVID-19

Use the table below to record temperature and symptoms each day as a way to help monitor your health if you have been potentially exposed to COVID-19. 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.

*Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last exposure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Date to complete monitoring (14 days following last known exposure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_ oF  | \_\_\_\_\_ oF  | \_\_\_\_\_ oF  | \_\_\_\_\_ oF  |
| Temperature (evening)  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  |
| Felt feverish/warm/sweaty?  | 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  |
| Repeated shaking with 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, productive or dry  | Prod or Dry  | Prod or Dry  | Prod or Dry  | Prod or Dry  | Prod or Dry  | Prod or Dry  | Prod 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/very tired?  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Muscle ache or pain?  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Abdominal pain/stomach pain?  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Diarrhea? | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Lack of Appetite/not hungry?  | 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  |
| New loss of taste or smell? | 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).*



#  Daily Monitoring Log for COVID-19

Use the table below to record temperature and symptoms each day as a way to help monitor your health if you have been potentially exposed to COVID-19. 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.

*Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of last exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date to complete monitoring (14 days following last known exposure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_ oF  | \_\_\_\_\_ oF  | \_\_\_\_\_ oF  | \_\_\_\_\_ oF  |
| Temperature (evening)  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  | \_\_\_\_\_oF  |
| Felt feverish/warm/sweaty?  | 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  |
| Repeated shaking with 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, productive or dry  |  Prod or Dry | Prod or Dry  | Prod or Dry  |  Prod or Dry  |  Prod or Dry | Prod or Dry  | Prod 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/very tired?  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Muscle ache or pain?  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Abdominal pain/stomach pain?  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Diarrhea? | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  | Y N  |
| Lack of Appetite/not hungry?  | 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  |
| New loss of taste or smell? | 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  |

