



Covid-19 Symptom Self-monitoring Log

Name: _____ Employee ID: _____ DOB: _____ Phone #: _____

Date of last possible exposure to 2019 novel coronavirus (Day 0): _____

Date monitoring began: _____ Last day of monitoring: _____
 (14 days after last possible exposure)

To be fill out by the individuals who have had possible exposure to 2019 novel coronavirus.
 In the time box, indicate the time of your morning and evening symptom checks.
 In the temperature box, write your measured temperature (from thermometer).
 In the symptom boxes, write “Y” for yes or “N” for no to indicate if you are experiencing symptoms.
 If you develop symptoms, contact your physician and Employee Health immediately at 239-2639.
 *Fever-reducing medications include aspirin, Tylenol (acetaminophen), Aleve (naproxen), Motrin or Advil (ibuprofen).

DAY:	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
DATE:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty breathing														
Sore Throat														
Wheezing														
Other														
Fever-Reducing Medications Taken*														

Continue to monitor your symptoms on the following page for days 8-14.

DAY: DATE:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty breathing														
Sore Throat														
Wheezing														
Other														
Fever-Reducing Medications Taken*														