

VDH Daily Monitoring Log for COVID-19

Name: _____

Date of Birth: _____

The attached charts have been provided to assist with monitoring for Coronavirus Disease 2019 (COVID-19) for the 14 days since the last possible exposure to the virus that causes COVID-19. Please use these to record your temperature twice daily and any symptoms, should they occur. Measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log that you have been given. It is good to take your temperature at around the same times each morning and evening. Do not eat or drink anything for 30 minutes before taking your temperature, and do not take any fever-lowering medications (e.g., aspirin, Tylenol, ibuprofen, Aleve, etc.).

Not everyone with COVID-19 develops symptoms. If symptoms develop, they typically appear 2-14 days after exposure to the virus. People with COVID-19 who develop symptoms have reported a wide range of symptoms, ranging from very mild to severe. Symptoms may include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Not everyone with COVID-19 will have all symptoms and fever might not be present. For a full list of symptoms, please see www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

If you develop symptoms of COVID-19 (even if your symptoms are very mild), stay home, rest, and separate yourself from other people or animals in your home as much as possible. Most people sick with COVID-19 develop mild symptoms that get better without medical help. If you have symptoms and want to get tested for COVID-19, please call your healthcare provider. Your provider may collect samples to test you or help you to find sampling sites in your area. For more information, visit the VDH site [What to Do If You Have Confirmed or Suspected COVID-19](#).

If you are at a [higher risk of getting very sick with COVID-19](#) (e.g., older adults or people of any age with 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 possible, 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 (such as a train, subway/metro, bus, taxi). Carry any paperwork (for example: fever chart and local health department contact 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 symptoms and if you have been exposed to someone sick with COVID-19 and let the ambulance crew know when they arrive.

You may wish to record contact information for your healthcare provider, the [health department](#), and a local emergency department for easy reference if you become ill or if you have questions.

- Local Health Department:
 - Name: _____
 - Phone Number: _____
- Healthcare Provider:
 - Name: _____
 - Phone Number: _____
- Local Emergency Department:
 - Name: _____
 - Phone Number: _____

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Please complete the table below, recording temperature and symptoms each day. 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 to the virus.

Name (Last, First): _____

Date of last potential exposure to the virus (day 0): _____ Date to complete monitoring (14 days following last potential exposure): _____

DATE	___/___/___ Day 1	___/___/___ Day 2	___/___/___ Day 3	___/___/___ Day 4	___/___/___ Day 5	___/___/___ Day 6	___/___/___ Day 7
Medications taken today?*	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If yes, list:	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Temperature (morning)	____°F	____°F	____°F	____°F	____°F	____°F	____°F
Temperature (evening)	____°F	____°F	____°F	____°F	____°F	____°F	____°F
Felt feverish?	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
Rigors (shivering)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fatigue (tiredness)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny nose?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Congested or stuffy nose?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore Throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough (new cough or worsening of a chronic cough)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Wheezing?	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
Nausea or vomiting?	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
Abdominal (gut) pain or tenderness?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chest pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea (3 or more loose or looser stools in a 24-hour period)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New smell disorder?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New taste disorder?	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 acetaminophen) and steroids.

Notes/Comments:

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Please complete the table below, recording temperature and symptoms each day. 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 to the virus.

Name (Last, First): _____

Date of last potential exposure to the virus (day 0): _____ Date to complete monitoring (14 days following last potential exposure): _____

DATE	___/___/___ Day 8	___/___/___ Day 9	___/___/___ Day 10	___/___/___ Day 11	___/___/___ Day 12	___/___/___ Day 13	___/___/___ Day 14
Medications taken today?*	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If yes, list:	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Temperature (morning)	____ °F	____ °F	____ °F	____ °F	____ °F	____ °F	____ °F
Temperature (evening)	____ °F	____ °F	____ °F	____ °F	____ °F	____ °F	____ °F
Felt feverish?	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
Rigors (shivering)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fatigue (tiredness)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny nose?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Congested or stuffy nose?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore Throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough (new cough or worsening of a chronic cough)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Wheezing?	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
Nausea or vomiting?	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
Abdominal (gut) pain or tenderness?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chest pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea (3 or more loose or looser stools in a 24-hour period)?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New smell disorder?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
New taste disorder?	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 acetaminophen) and steroids.

Notes/Comments: