

**Virginia Department of Health Test to Stay  
Daily Monitoring Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

School: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ (Day 0)

	Day 0*: _____	Day 1: _____	Day 2: _____	Day 3: _____	Day 4: _____	Day 5: _____	Day 6: _____	Day 7: _____	Day 8: _____	Day 9: _____	Day 10: _____
Rapid Test Result (Negative or Positive)	Neg / Pos	Neg / Pos	Neg / Pos	Neg / Pos	Neg / Pos	Neg / Pos					
Symptoms? Yes or No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If yes, please list all signs and symptoms consistent with COVID-19 that have occurred.											
Able to wear a mask?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Symptoms may range from mild to severe and often develop 2-14 days after exposure. This list is not comprehensive, and individuals may use the [CDC Symptoms Self-Checker](#) to further assess their symptoms: 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, diarrhea.

\*Testing and symptom monitoring will begin on the day of exposure or as soon as possible thereafter (some individuals may not be identified as a close contact on Day 0, so monitoring will begin as soon as they are identified). Must have a negative test result after the last exposure to the individual with COVID-19 and prior to returning to in-person instruction. Must have a negative test result on or after Day 5, even if Day 5 falls on a weekend or holiday.