

COVID-19 Daily Temperature & Symptom Monitoring Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Program: \_\_\_\_\_

Last date of monitoring: \_\_\_\_\_

**Instructions:** Two times a day (morning and night), write down your temperature and any COVID-19 symptoms you may have: fever, cough, trouble breathing, fatigue, muscle pain, headache, sore throat, congestion/ runny nose or new loss of taste or smell. Do this around the same times every day for 14 days.

Fill in the dates on the log, starting with Day 1 and ending with Day 14. Day 1 is the day you were last exposed to COVID-19. 2. Start recording your temperature and symptoms, beginning with today's date. Place an X in the box next to each symptom that you are experiencing. Place an X in the box labeled "No symptoms" if you do not have any symptoms.

**If you get sick:** • Stay home. Avoid contact with others. • You might have COVID-19; most people are able to recover at home without medical care. • If you have trouble breathing or are worried about your symptoms, call, or text a health care provider. Tell them about your recent exposure and your symptoms • Call ahead before you go to a doctor's office or emergency room.

Day:	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date:														
Time of check:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	____°F	____°F	____°F	____°F	____°F	____°F	____°F	____°F	____°F	____°F	____°F	____°F	____°F	____°F
Fever (>100.4°F)														
Cough*														
Shortness of breath*														
Fatigue														
New muscle aches, (not related to other medical condition or physical activities)														
Headache														
Sore throat														
Congestion or runny nose														
Recent loss of smell or taste*														
Nausea/ Vomiting or Diarrhea														
No symptoms														

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Day:	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
Date:														
Time of check:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Fever (>100.4°F)														
Cough*														
Shortness of breath*														
Fatigue														
New muscle aches, (not related to other medical condition or physical activities)														
Headache														
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Recent loss of smell or taste*														
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No symptoms														