

Employee Self-Monitoring for Symptoms

Name: _____

Phone number: _____

If you develop symptoms, contact your manager and Employee Health department right away.

For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

When to seek Medical Attention

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.

Emergency signs include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face
- Other severe or concerning symptoms

List date of each symptom review in the space below														
Enter dates of the monitoring period. Day 1= date of last exposure and runs consecutively for 14 days	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date														
In the morning														
Symptom Review below: Y (yes) or N (no)														
Fever (>100.4°F)														
New or change in cough														
Shortness of breath														
Sore Throat														
In the evening														
Symptom Review below: Y (yes) or N (no)														
Fever (>100.4°F)														
New or change in cough														
Shortness of breath														
Sore Throat														

Sample Log

List date of each symptom review in the space below														
Enter dates of the monitoring period. Day 1= date of last exposure and runs consecutively for 14 days	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date	3/30	3/31	4/1	4/2	4/3	4/4	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12
In the morning														
Symptom Review below: Y (yes) or N (no)														
Fever (>100.4°F)	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N
Cough	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N
Shortness of breath	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N
Sore Throat	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N