

COVID-19 Daily Self-Monitoring Form

Let your healthcare provider know if you develop symptoms. Here is a daily self-monitoring tracker to help you monitor your symptoms.

Name: _____

Date of Symptom Onset: _____ **Monitoring End Date:** _____

Date each day, check your temperature and then check any of the symptoms.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date														
No Symptoms														
Symptoms :	Let a health care provider know if you develop symptoms.													
Temperature														
Chills/Feverish														
Difficulty breathing	Call 9-1-1													
New or worsening cough														
Runny Nose														
Nausea/Vomiting/ Diarrhea														
Sore throat														
Tiredness														
Muscle aches														
Headache														
Loss of sense of smell														
Generally feeling unwell														
Other, specify														

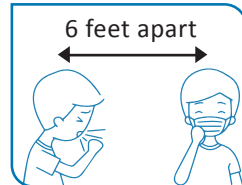
If symptoms continue past this point call your healthcare provider

Revised 07.09.20

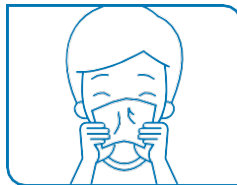
Healthy Respiratory Practices Everyone Can Use to Protect Yourself & Your Community



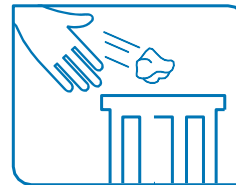
Stay home if you are sick



If you are sick, avoid close contact with others



Turn & cover your mouth & nose when you sneeze/cough.



Throw used tissues in the garbage



Wash your hands frequently



Clean/Disinfect