

# 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:** \_\_\_\_\_

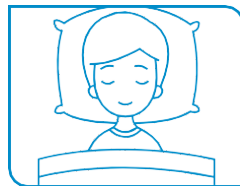
Date each day, check your temperature and then check any of the symptoms.

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	<b>Call 9-1-1</b>													
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														

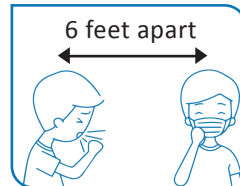
If symptoms continue past this point call your healthcare provider at (602) 528-3377

Revised 08.19.20

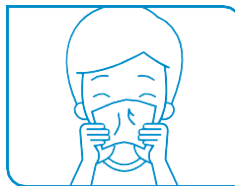
## Healthy Respiratory Practices Everyone Can Use to Protect Yourself & Your Community



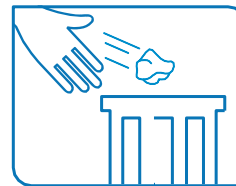
Stay home if you are sick



If you are sick, avoid close contact with others and **wear a face mask**



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



Throw used tissues in the garbage



Wash your hands frequently



Clean/Disinfect