

Contacts of a case of COVID-19 should be actively monitored for 14 days. Report any new symptoms to the area MHO.

Name:

Date of Birth:

Personal Health Number:

Phone Number:

Monitoring End Date (last day of contact + 14 days after):

Indicate the presence or absence of any of the symptoms below with a yes/no under the corresponding day and date.

| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| Date | | | | | | | | | | | | | | |
| Symptoms | | | | | | | | | | | | | | |
| No symptoms | | | | | | | | | | | | | | |
| Temperature (°C) | | | | | | | | | | | | | | |
| Chills | | | | | | | | | | | | | | |
| Cough | | | | | | | | | | | | | | |
| Shortness of breath/difficulty breathing | | | | | | | | | | | | | | |
| Sore throat | | | | | | | | | | | | | | |
| Runny nose/congestion | | | | | | | | | | | | | | |
| Loss of smell or taste | | | | | | | | | | | | | | |
| Headache | | | | | | | | | | | | | | |
| Muscle aches | | | | | | | | | | | | | | |
| Fatigue | | | | | | | | | | | | | | |
| Diarrhea | | | | | | | | | | | | | | |
| Nausea/vomiting | | | | | | | | | | | | | | |
| Dizziness | | | | | | | | | | | | | | |
| Conjunctivitis | | | | | | | | | | | | | | |
| Confusion | | | | | | | | | | | | | | |
| Abdominal pain | | | | | | | | | | | | | | |
| Rash on skin or discoloration of fingers or toes | | | | | | | | | | | | | | |
| Other (add in notes) | | | | | | | | | | | | | | |
| Initials of caller | | | | | | | | | | | | | | |

Notes: