BC Centre for Disease Control
Provincial Health Services Authority

Active Daily Monitoring Form for a Case of COVID-19
(For Internal Health Authority use only)

Conduct active daily monitoring of the case's health status for 10 days.

Name:
Date of Birth:
Personal Health Number:
Phone Number:

Status of Case (check one):
- ☐ Confirmed
- ☐ Probable
- ☐ Suspect

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
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: