TOOL 5: COVID-19 Symptom Monitoring Log

To be filled out daily for:
- All Long Term Services & Support (LTSS) staff working in facilities and community settings (self-monitoring).
- Any other individuals who have had possible exposure to COVID-19 (self or caregiver monitoring).

Directions:
1. Complete this log two times each day.
2. In the time box, indicate the time of your morning and evening symptom checks.
3. In the symptom boxes, write "Y for yes or "N" for no for symptoms experienced.

Name														

Facility / Agency (if applicable)					Unit (if applicable)				Job classification (if applicable)					

Date (month / day) of last possible exposure to 2019 novel corona virus (Day 0): _____

Day	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date														
Time														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Fever >100 F														
Cough														
Sore Throat														
Shortness of Breath														
Malaise														
Nasal Congestion														
Nausea														
Diarrhea														
Other														
Day	**Day 8**		**Day 9**		**Day 10**		**Day 11**		**Day 12**		**Day 13**		**Day 14**	
Date														
Time														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Fever >100F														
Cough														
Sore Throat														
Shortness of Breath														
Malaise														
Nasal Congestion														
Nausea														
Diarrhea														
Other														