

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
<b>Date</b>														
<b>Symptoms</b>														
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)														
<b>Initials of caller</b>														

Notes: