**All Staff - Fever and symptom monitoring form (2019-nCoV)**

|  |  |
| --- | --- |
| Name: | Age (years): |
| Street Address: | City, State: |
| Supervisor: | Contact Number: |

All staff will complete this form until the end of outbreak. It can be completed at home or work. If you have one (1) symptom, please schedule an appointment with a provider, notify your supervisor and put on a mask. When taking your temperature, do not eat/drink anything hot or cold 15 minutes prior. A fever is a temperature greater than 100.4 degrees. Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the symptoms: circle ‘Y’ for Yes and ‘N’ for No. **Don’t leave any spaces blank**.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Turn in your completed two (2) week form to your supervisor.** | **Day 1** | | **Day 2** | | **Day 3** | | **Day 4** | | **Day 5** | | **Day 6** | | **Day 7** | |
| **Date** |  | |  | |  | |  | |  | |  | |  | |
| AM or PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Temperature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cough | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Difficulty breathing/shortness of breath | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |

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|  | **Day 8** | | **Day 9** | | **Day 10** | | **Day 11** | | **Day 12** | | **Day 13** | | **Day 14** | |
| **Date** |  | |  | |  | |  | |  | |  | |  | |
| AM or PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Temperature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cough | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Difficulty breathing/shortness of breath | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |