Warren County Health District Coronavirus Signs/Symptoms Monitoring Form

| Name: | Address: |
|-------|----------|
|-------|----------|

| Day: | DAY 1 | | DAY 2 | | DAY 3 | | DAY 4 | | DAY 5 | | DAY 6 | | DAY 7 | |
|-----------------------------------|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|
| Date: | | | | | | | | | | | | | | |
| | AM | PM |
| Time of check: | | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | | |
| Symptoms | | | | | | | | | | | | | | |
| Fever >100.4 | | | | | | | | | | | | | | |
| Cough | | | | | | | | | | | | | | |
| Sore Throat | | | | | | | | | | | | | | |
| Shortness of Breath Runny Nose | | | | | | | | | | | | | | |
| Runny Nose | | | | | | | | | | | | | | |
| Headache | | | | | | | | | | | | | | |
| Joint or muscle aches | | | | | | | | | | | | | | |
| Diarrhea | | | | | | | | | | | | | | |
| Vomiting | | | | | | | | | | | | | | |
| Stomach pain | | | | | | | | | | | | | | |
| Chills | | | | | | | | | | | | | | |
| Loss of Taste/Smell | | | | | | | | | | | | | | |
| Other | | | | | Ì | | | | | | | | | |

| Day: | DAY 8 | | AY 8 DAY 9 | | DAY 10 | | DAY 11 | | DAY 12 | | DAY 13 | | DAY 14 | |
|-----------------------|-------|----|------------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| Date: | | | | | | | | | | | | | | |
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Time of check: | | | | | | | | | | | | | | |
| Temperature | | | | | | | | | | | | | | |
| Symptoms | | | | | | | | | | | | | | |
| Fever >100.4 | | | | | | | | | | | | | | |
| Cough | | | | | | | | | | | | | | |
| Sore Throat | | | | | | | | | | | | | | |
| Shortness of Breath | | | | | | | | | | | | | | |
| Runny Nose | | | | | | | | | | | | | | |
| Headache | | | | | | | | | | | | | | |
| Joint or muscle aches | | | | | | | | | | | | | | |
| Diarrhea | | | | | | | | | | | | | | |
| Vomiting | | | | | | | | | | | | | | |
| Stomach pain | | | | | | | | | | | | | | |
| Chills | | | | | | | | | | | | | | |
| Loss of Taste/Smell | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |