Fever and Symptom Monitoring Form

Name: _____

Date of last exposure: _____

Quarantine release date: _____

Day: Date:	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Fever ≥ 100.4°F														
Headache														
Joint or muscle ache														
Weakness														
Diarrhea														
Vomiting														
Stomach pain														
Lack of appetite														
Rash														
Red eyes														

Day: Date:	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Fever ≥ 100.4°F														
Headache														
Joint or muscle ache														
Weakness														
Diarrhea														
Vomiting														
Stomach pain														
Lack of appetite														
Rash														
Red eyes														

Day: Date:	Day 15		Day 16		Day 17		Day 18		Day 19		Day 20		Day 21	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Fever ≥ 100.4°F														
Headache														
Joint or muscle ache														
Weakness														
Diarrhea														
Vomiting														
Stomach pain														
Lack of appetite														
Rash														
Red eyes														