

Designated Emerging Communicable Disease – COVID-19
Attachment – Active Daily Monitoring Form for Contacts of a Case of COVID-19

Sec 2-20
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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: _____
 Phone Number: _____ Health Services 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
Date														
Please select Asymptomatic or check off all symptoms that apply														
Asymptomatic														
Temp (specify; °C)														
Chills														
Cough														
Shortness of breath														
Fatigue														
Loss of smell / taste														
Sputum production														
Myalgia														
Anorexia														
Chest Pain														
Diarrhea														
Nausea/vomiting														
Sore throat														
headache														
Runny nose														
Dizziness														
Skin manifestations														
Other (add in notes)														
Initials of caller														

Notes: