***INSTRUCTIONS***

* *Log symptoms and confirm quarantine in* ***Part I*** *each day for 14 days.*
* *Complete* ***Part II*** *at end of 14-day period/close of case.*

**PART I**

**Confirmed case ID** (if applicable): \_\_\_\_\_\_\_ **Contact ID number** (from Contact Listing Form): \_\_\_\_\_

**Daily monitor – Week 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** |
| **Date** (MM/DD/YY) | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** |
| Telephone call or app report? | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App |
| Symptoms (y/n): |  |  |  |  |  |  |  |
| Cough |  |  |  |  |  |  |  |
| Shortness of breath |  |  |  |  |  |  |  |
| Sore throat |  |  |  |  |  |  |  |
| Muscle pains or aches (myalgias) |  |  |  |  |  |  |  |
| Malaise |  |  |  |  |  |  |  |
| Fever (≥100.0°F or subjective fever) |  |  |  |  |  |  |  |
| Other[[1]](#footnote-1) |  |  |  |  |  |  |  |
| Confirm quarantine (y/n) |  |  |  |  |  |  |  |

**Daily monitor – Week 2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Day 8** | **Day 9** | **Day 10** | **Day 11** | **Day 12** | **Day 13** | **Day 14** |
| **Date** (MM/DD/YY) | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** | **\_\_/\_\_/\_\_** |
| Telephone call or app report? | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App | □ Phone  □ App |
| Symptoms (y/n): |  |  |  |  |  |  |  |
| Cough |  |  |  |  |  |  |  |
| Shortness of breath |  |  |  |  |  |  |  |
| Sore throat |  |  |  |  |  |  |  |
| Muscle pains or aches (myalgias) |  |  |  |  |  |  |  |
| Malaise |  |  |  |  |  |  |  |
| Fever (≥100.0°F or subjective fever) |  |  |  |  |  |  |  |
| Other1 |  |  |  |  |  |  |  |
| Confirm quarantine (y/n) |  |  |  |  |  |  |  |

**PART II**

**Testing information**

Has the contact had viral testing for current COVID-19? □ Yes (Complete section) □ No (Skip section)

Date of test: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) Location of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of specimen collected: □ Nasal swab □ Throat swab □ Nasopharyngeal swab □ Other, specify:\_\_\_\_

Test result: □ POSITIVE for COVID-19 □ NEGATIVE for COVID-19 □ Has not received results

**Final contact status**

□ No symptoms □ Symptoms, did not receive test □ Symptoms, received test □ Lost to follow-up

**Case closed due to**

□ Negative test result □ Positive test result □ 14-day monitoring completed without symptoms

□ Lost to follow-up □ Death

1. Other symptoms include fatigue, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea. [↑](#footnote-ref-1)