COVID-19 Symptom Tracking

INSTRUCTIONS: This form is to be used when an individual has had contact with a person who tested positive for COVID-19. Per the CDC, symptoms may appear 2-14 days after exposure to the virus. If exposure to COVID-19 is suspected or reported, Host Home Provider must monitor the individual for 14 days after the date of reported or discovered exposure. The individual's temperature should also be closely monitored. Be sure to notify the PCP of the exposure and follow any further instructions they may provide. If the PCP indicates that the individual can get tested, notify Program Director and Dungarvin Nurse.

Individual:						When to call 911 or go to the emergency room:									
Date of exposure:						Trouble breathingNew confusion or inability to arouseAs directed by the PCP					- Persistent Pain/Pressure in Chest - Bluish lips or face				
Symptom Tracking: If a symptom develops, initial the box corresponding with the date that the symptom was reported or observed. Mark a horizontal line hrough the box if a specific symptom was not reported or observed on their corresponding days. Notify the PCP of any symptoms that develop.															
	Day 1	Day 2	Day 3	Day 4		Day 6		1			Day 11		Day 13	Day 14	
Specific Dates:		,		,	,	,	,			,	,		,		
Fever															
Cough															
Shortness of Breath															
Chills															
Muscle Pain															
Headache															
Sore Throat															
New loss of taste															
New loss of smell															
Other (please specify)															
Temperature Tracking: Using a thermometer, take the individual's temperature 3 times a day. Document the value in the corresponding box.															
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
Specific Dates:															
Upon waking up															
At noon															
At bedtime															
Other (if needed)															
Initial Signature/Title: Initial Signature/Title:					Initial	Initial Signature/Title: Initial				Signature/Title:					

^{**}We acknowledge and thank Dungarvin Colorado for the design of this comprehensive tracking form, and for their generosity in sharing it.**