Self-Monitoring 14 Day Symptom Log

Name	Phone	Email	Facility	Job Title	Supervisor	Date of last potential exposure

Day# After Exposure	Date	Time	Temp	Fever	Cough	Sore Throat	Shortness Of Breath	Runny Nose	Chills	Muscle Aches	Headache	Fatigue	Abdominal Pain	Nausea Or Vomiting	Diarrhea	None	Other
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	