Germantown Municipal School District COVID-19 Temperature and Symptom Monitoring Worksheet

Date of departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Persons who are being monitored for symptoms of Novel Coronavirus must take their temperatures twice daily, once in the morning and once in the evening, and report any symptoms they are experiencing to their doctor. For each day, document the morning and evening temperatures and place an X in the box next to each symptom that the person is experiencing. If the person is not experiencing any symptoms, place an X in the box labeled “No symptoms”.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| Time of check | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Temperature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fever (over 100.4) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cough |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shortness of breath |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chest Pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No Symptoms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Day 8 | Day 9 | Day 10 |
| Time of check | AM | PM | AM | PM | AM | PM |
| Temperature |  |  |  |  |  |  |
| Fever (over 100.4) |  |  |  |  |  |  |
| Cough |  |  |  |  |  |  |
| Shortness of breath |  |  |  |  |  |  |
| Chest Pain |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |
| No Symptoms |  |  |  |  |  |  |