|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date of initial exposure**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | |
| **County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date of last exposure (if known)**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | |
| **Page \_\_\_\_ of \_\_\_\_** | **DATE \_\_\_\_\_\_** | | **DATE \_\_\_\_\_\_** | **DATE \_\_\_\_\_\_** | **DATE \_\_\_\_\_\_** | **DATE \_\_\_\_\_\_** |
| Initials of person monitoring: |  | |  |  |  |  |
| **Medications:** |  | |  |  |  |  |
| Fever-reducer / pain-relievers: Aspirin, Tylenol, Aleve, Motrin, Advil, Ibuprofen | Yes / No | | Yes / No | Yes / No | Yes / No | Yes / No |
| Antiviral drugs: (e.g. Tamiflu [oseltamivir] or Relenza [zanamivir]) | Yes / No | | Yes / No | Yes / No | Yes / No | Yes / No |
| **Symptoms** |  | |  |  |  |  |
| Oral temperature (record) |  | |  |  |  |  |
| Muscle pain |  | |  |  |  |  |
| Runny nose |  | |  |  |  |  |
| Cough |  | |  |  |  |  |
| Sore throat |  | |  |  |  |  |
| Shortness of breath |  | |  |  |  |  |
| Nausea |  | |  |  |  |  |
| Vomiting |  | |  |  |  |  |
| Diarrhea |  | |  |  |  |  |
| Itchy, watery, inflamed eyes (conjunctivitis) |  | |  |  |  |  |
| Rash |  | |  |  |  |  |
| Fatigue (tired) |  | |  |  |  |  |
| Other (describe): |  | |  |  |  |  |
| **Personal Protective Equipment use** |  | |  |  |  |  |
| Used recommended PPE consistently\*? | Yes / No | | Yes / No | Yes / No | Yes / No | Yes / No |
| Recognized Break in PPE? | Yes / No | | Yes / No | Yes / No | Yes / No | Yes / No |
| **Notes**: | | | | | | |
| \*Recommended personal protective equipment includes: properly-fitted safety goggles, disposable gloves, boots, a NIOSH-certified respirator (e.g., N95), and disposable fluid-resistant coveralls. | | | | | | |