|  |  |
| --- | --- |
| **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.  |