

For Local Health Department use only



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Name: _____ Case NC ID _____

Telephone: _____ DGMQ# (if applicable) _____

Date of last possible exposure to 2019 novel coronavirus (Day 0): _____

Date monitoring began: _____ Last date of monitoring
(14 days after last possible exposure): _____

2019-nCoV Symptom Self-monitoring Log (updated 2/06/2020)

To be filled out by individuals who have had possible exposure to 2019 novel coronavirus

In the time box, indicate the time of your morning and evening symptom checks.

In the temperature box, write your measured temperature (from a thermometer)

In the other symptom boxes, write "Y" for yes or "N" for no to indicate if you are experiencing symptoms

If you develop symptoms requiring hospitalization, notify your local health department as soon as you can.

*fever-reducing medications include aspirin, Tylenol® (acetaminophen), Aleve® (naproxen), Motrin® or Advil® (ibuprofen)

Day:	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
Date:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

Day:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
Date:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

STOP HERE
UNLESS
INSTRUCTED TO
CONTINUE
MONITORING BY
YOUR LOCAL
HEALTH
DEPARTMENT

Day:	DAY 15		DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21	
Date:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

Day:	DAY 22		DAY 23		DAY 24		DAY 25		DAY 26		DAY 27		DAY 28	
Date:	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

NOTES
