

**EBOLA MONITORING AND MOVEMENT
D4: SYMPTOM MONITORING LOG**

Name: _____ Date of last exposure (DAY 0): _____
 CTID or DGMQ #: _____ Date monitoring began: _____
 Last date of monitoring (DAY 21): _____

Day: Date:	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Type of Check*														
LHD Nurse Initials†														
Symptoms‡														
Temperature														
Malaise														
Muscle Pain														
Headache														
Stomach Pain														
Vomiting														
Diarrhea														
Unexplained Bleeding														

Day: Date:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Type of Check*														
LHD Nurse Initials†														
Symptoms‡														
Temperature														
Malaise														
Muscle Pain														
Headache														
Stomach Pain														
Vomiting														
Diarrhea														
Unexplained Bleeding														

Day: Date:	DAY 15		DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Type of Check*														
LHD Nurse Initials†														
Symptoms‡														
Temperature														
Malaise														
Muscle Pain														
Headache														
Stomach Pain														
Vomiting														
Diarrhea														
Unexplained Bleeding														

*Type: I=In-person, V=Video, P= Phone, S=Self-monitor

†Please write full name and affiliation of all monitors on back.

‡For each daily check, indicate the temperature and 'Y' or 'N' for each symptom listed.