Government of Northwest Territories

COVID-19 Active Daily Monitoring Form (for internal use only)

Follow guidance on the Interim Public Health Management of Cases and Contact for direction on duration of symptom monitoring.

Name:
Date of Birth:
Personal Health Number:
Phone Number:

Date of Last Contact or Exposure:
Monitoring Start Date
Monitoring End Date:

Status of Case (check one):
☐Contact
☐Suspect (refer for COVID-19 testing immediately if symptoms develop) Date of swab:
☐Probable
☐Confirmed – Date of swab:

Date of first symptom onset (if applicable):

Date each day and check clients temperature. Indicate the presence of any of the symptoms below with a check mark if present.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Date															
Healthcare Provider Initials															
No Symptoms	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Symptoms :	**Let a health care provider know if you develop symptoms.**														
Temperature (specify: ^{0}C)															
Dyspnea	**Call 9-1-1**														
New onset (or exacerbated chronic) cough															
Rhinorrhea															
Nausea/Vomiting/ Diarrhea															
Sore throat															
Fatigue															
Malaise															
Headache															
Anosmia/Dysgeusia															
Myalgia															
Anorexia															
Other, specify															

If symptoms continue past this point, reassess and consider retesting (if applicable)

Notes:

If client needs to be seen by a healthcare provider let them know to inform the provider that they are being monitored for COVID-19.