



COVID-19 Active Daily Monitoring Form: Contacts

For Internal Use Only - Refer for testing immediately if symptoms consistent with COVID-19 develop.

Contacts of a case of COVID-19 should be actively monitored for 14 days.

Name:

Date of Birth:

Personal Health Number:

Phone Number:

Date of Last Contact:

Monitoring End Date :

(last contact date + 14 days)

Indicate the presence or absence of any of the symptoms below with a yes/no under the corresponding day and date.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date														
Initials of caller (PH/CDC)														
No symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms														
Temperature (specify: °C)														
Chills/feverish														
Shortness of breath/Difficulty breathing														
Cough														
Runny nose														
Nausea/vomiting/Diarrhea														
Sore throat														
Fatigue/Myalgia														
Other, specify														

Notes:

If client needs to be seen in ER or by a primary care physician ensure notification that the client is being monitored for COVID-19 and appropriate PPE is used for transportation of client.