

**SELF-MONITORING RESULTS / COVID 19**

Associate Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department: \_\_\_\_\_ Facility: \_\_\_\_\_

Self-Monitoring Period: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

**Day 1 - \_\_\_/\_\_\_/2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 2 - \_\_\_/\_\_\_/2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 3 - \_\_\_/\_\_\_/2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 4 - \_\_\_/\_\_\_/2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 5 - \_\_\_/\_\_\_/2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 6 - \_\_\_/\_\_\_/2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 7 - \_\_\_/\_\_\_/2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 8 - \_\_\_ / \_\_\_ /2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 9 - \_\_\_ / \_\_\_ /2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 10 - \_\_\_ / \_\_\_ /2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 11 - \_\_\_ / \_\_\_ /2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 12 - \_\_\_ / \_\_\_ /2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 13 - \_\_\_ / \_\_\_ /2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No

**Day 14 - \_\_\_ / \_\_\_ /2020**

<b>Temperature #1:</b>	<b>Temperature #2:</b>	<b>Respiratory Symptoms (Circle Response)</b>
Result:	Result:	Cough: Yes / No
Time Taken:	Time Taken:	Shortness of Breath: Yes / No
		Sore Throat: Yes / No