NJDOH COVID-19 Fever and Symptom Monitoring Log for Healthcare Personnel

Day	Date	Time	Temperature
1	______/______ MONTH DAY	________AM ________PM	________°F ________°F
2	______/______ MONTH DAY	________AM ________PM	________°F ________°F
3	______/______ MONTH DAY	________AM ________PM	________°F ________°F
4	______/______ MONTH DAY	________AM ________PM	________°F ________°F
5	______/______ MONTH DAY	________AM ________PM	________°F ________°F
6	______/______ MONTH DAY	________AM ________PM	________°F ________°F
7	______/______ MONTH DAY	________AM ________PM	________°F ________°F
8	______/______ MONTH DAY	________AM ________PM	________°F ________°F

	Symptom Monitoring			
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle - Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		
	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
	Cough	□ Yes □ No		
	Sore Throat	□ Yes □ No	Headache	□ Yes □ No
	Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
	Diarrhea	□ Yes □ No		

Day	Date	Time	Temperature	Symptom Monitoring			
9	______/______ MONTH DAY	________AM ________PM	________°F ________°F	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
				Cough	□ Yes □ No		
				Sore Throat	□ Yes □ No	Headache	□ Yes □ No
				Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
				Diarrhea	□ Yes □ No		
10	______/______ MONTH DAY	________AM ________PM	________°F ________°F	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
				Cough	□ Yes □ No		
				Sore Throat	□ Yes □ No	Headache	□ Yes □ No
				Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
				Diarrhea	□ Yes □ No		
11	______/______ MONTH DAY	________AM ________PM	________°F ________°F	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
				Cough	□ Yes □ No		
				Sore Throat	□ Yes □ No	Headache	□ Yes □ No
				Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
				Diarrhea	□ Yes □ No		
12	______/______ MONTH DAY	________AM ________PM	________°F ________°F	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
				Cough	□ Yes □ No		
				Sore Throat	□ Yes □ No	Headache	□ Yes □ No
				Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
				Diarrhea	□ Yes □ No		
13	______/______ MONTH DAY	________AM ________PM	________°F ________°F	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
				Cough	□ Yes □ No		
				Sore Throat	□ Yes □ No	Headache	□ Yes □ No
				Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
				Diarrhea	□ Yes □ No		
14	______/______ MONTH DAY	________AM ________PM	________°F ________°F	Fever	□ Yes □ No	Difficulty-Breathing	□ Yes □ No
				Cough	□ Yes □ No		
				Sore Throat	□ Yes □ No	Headache	□ Yes □ No
				Vomiting	□ Yes □ No	Muscle-Ache	□ Yes □ No
				Diarrhea	□ Yes □ No		
				Diarrhea	□ Yes □ No		

(1) Name: ____ Age (yrs): _______ Sex: M F

(2) Street address: _________________________________ City, State: _____________________________ Telephone number: _______________________

(3) Exposure Level (High or Medium) _________________________ Furloughed from work? ____________________

(4) Case ID number (from contact listing form): _______________ Contact number (from contact listing form): _________

(5) Facility where the contact occurred case occur: __________________________________
Date of last contact with the case (mm/dd/yyyy): _________________

March 2020