NJDOH COVID-19 Fever and Symptom Monitoring Log for Healthcare Personnel (Updated 7/30/20)

This log is intended to assist with symptom monitoring for healthcare personnel (HCP) exposed to COVID-19. It may also be used or adapted for daily HCP symptom screenings or monitoring symptoms in cases of COVID-19. It is intended to be a resource; facilities may use their own monitoring system if already developed.

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

(2) Street address: ______________________________ City, State: ______________________
Telephone number: ____________________________

(3) Case ID number: ______________ Contact number: ____________________
Refer to *Retrospective Assessment Tool for Healthcare Personnel Potentially Exposed to COVID-19*

Day	Date	Time	Temperature	Symptom Monitoring[1]			
1	____/____ MONTH DAY	______AM ______PM	______°F ______°F	Fever/Chills	☐ Yes ☐ No	Difficulty-Breathing	☐ Yes ☐ No
				Cough	☐ Yes ☐ No		
				Sore Throat	☐ Yes ☐ No	Headache	☐ Yes ☐ No
				Nausea/ Vomiting	☐ Yes ☐ No	Muscle-Aches	☐ Yes ☐ No
				Diarrhea	☐ Yes ☐ No	Loss of Taste/Smell	☐ Yes ☐ No
				Runny Nose/ Congestion	☐ Yes ☐ No	Sore Throat	☐ Yes ☐ No
2	____/____ MONTH DAY	______AM ______PM	______°F ______°F	Fever/Chills	☐ Yes ☐ No	Difficulty-Breathing	☐ Yes ☐ No
				Cough	☐ Yes ☐ No		
				Sore Throat	☐ Yes ☐ No	Headache	☐ Yes ☐ No
				Nausea/ Vomiting	☐ Yes ☐ No	Muscle-Aches	☐ Yes ☐ No
				Diarrhea	☐ Yes ☐ No	Loss of Taste/Smell	☐ Yes ☐ No
				Runny Nose/ Congestion	☐ Yes ☐ No	Sore Throat	☐ Yes ☐ No
3	____/____ MONTH DAY	______AM ______PM	______°F ______°F	Fever/Chills	☐ Yes ☐ No	Difficulty-Breathing	☐ Yes ☐ No
				Cough	☐ Yes ☐ No		
				Sore Throat	☐ Yes ☐ No	Headache	☐ Yes ☐ No
				Nausea/ Vomiting	☐ Yes ☐ No	Muscle-Aches	☐ Yes ☐ No
				Diarrhea	☐ Yes ☐ No	Loss of Taste/Smell	☐ Yes ☐ No
				Runny Nose/ Congestion	☐ Yes ☐ No	Sore Throat	☐ Yes ☐ No
4	____/____ MONTH DAY	______AM ______PM	______°F ______°F	Fever/Chills	☐ Yes ☐ No	Difficulty-Breathing	☐ Yes ☐ No
				Cough	☐ Yes ☐ No		
				Sore Throat	☐ Yes ☐ No	Headache	☐ Yes ☐ No
				Nausea/	☐ Yes ☐ No	Muscle-Aches	☐ Yes ☐ No

[1]This list does not include all possible symptoms, visit https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html for more information.

					Vomiting				
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
5	______/______ MONTH DAY	______AM ______PM	______°F ______°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
					Cough	☐ Yes ☐ No			
					Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
6	______/______ MONTH DAY	______AM ______PM	______°F ______°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
					Cough	☐ Yes ☐ No			
					Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
7	______/______ MONTH DAY	______AM ______PM	______°F ______°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
					Cough	☐ Yes ☐ No			
					Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
8	______/______ MONTH DAY	______AM ______PM	______°F ______°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
					Cough	☐ Yes ☐ No			
					Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
9	______/______ MONTH DAY	______AM ______PM	______°F ______°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
					Cough	☐ Yes ☐ No			
					Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No

					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
10		________AM	________°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
		________PM	________°F		Cough	☐ Yes ☐ No			
	______/______ MONTH DAY				Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
11		________AM	________°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
		________PM	________°F		Cough	☐ Yes ☐ No			
	______/______ MONTH DAY				Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
12		________AM	________°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
		________PM	________°F		Cough	☐ Yes ☐ No			
	______/______ MONTH DAY				Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
13		________AM	________°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
		________PM	________°F		Cough	☐ Yes ☐ No			
	______/______ MONTH DAY				Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No
14		________AM	________°F		Fever/Chills	☐ Yes ☐ No		Difficulty-Breathing	☐ Yes ☐ No
		________PM	________°F		Cough	☐ Yes ☐ No			
	______/______ MONTH DAY				Sore Throat	☐ Yes ☐ No		Headache	☐ Yes ☐ No
					Nausea/ Vomiting	☐ Yes ☐ No		Muscle-Aches	☐ Yes ☐ No
					Diarrhea	☐ Yes ☐ No		Loss of Taste/Smell	☐ Yes ☐ No
					Runny Nose/ Congestion	☐ Yes ☐ No		Sore Throat	☐ Yes ☐ No