

## COVID-19 Daily Temperature and Symptom Monitoring Worksheet

**All employees are REQUIRED to self-monitor yourself for any symptoms of COVID-19 before coming to work each day.**

**All employees must self-attest that they do not have any symptoms of COVID-19 before entering the building.**

If you are experiencing any symptoms of COVID-19, DO NOT come to the building. Instead please inform your supervisor. Please remain at home and monitor your symptoms using the this sheet and keep in close contact with your supervisor while you are experiencing symptoms.

- Symptoms - Place an X in the box next to each symptom experienced during the course of a day.
  - If a symptom experienced is not listed, mark 'Other' for the corresponding date and time and write in the symptom.
  - If symptoms are not experienced, an "X" should be placed in the box labeled "No symptoms" for the corresponding date and time.

Day	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Temperature	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Fever (T > 100.4)														
Chills														
Cough														
Shortness of breath/ Difficulty breathing														
Fatigue														
Muscle or body aches														
Headache														
New loss of taste or smell														
Sore throat														
Congestion or runny nose														
Nausea or vomiting														
Diarrhea														
Other (specify)														
No symptoms														

Sample

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Day	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
Date														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Temperature	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Fever (T > 100.4)														
Chills														
Cough														
Shortness of breath/ Difficulty breathing														
Fatigue														
Muscle or body aches														
Headache														
New loss of taste or smell														
Sore throat														
Congestion or runny nose														
Nausea or vomiting														
Diarrhea														
Other (specify)														
No symptoms														

Sample