Directions:

1. Complete this log two times each day.
2. In the time box, indicate the time of your monitoring, when you arrive for your shift and the time you leave.
3. In the symptom boxes, write “Y” for yes or “N” for no for symptoms experienced. If you answer yes to any questions please f/u with your supervisor immediately.

Name														
Facility/Agency (if applicable) The Welsh Home			Unit (if applicable)				Job Classification (if applicable)							
Day	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date														
Time														
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Fever >100 F														
Cough														
Sore Throat														
Shortness of Breath														
Malaise														
Nasal Congestion														
Nausea														
Diarrhea														
Other														
Day	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
Date														
Time														
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Fever >100 F														
Cough														
Sore Throat														
Shortness of Breath														
Malaise														
Nasal Congestion														
Nausea														
Diarrhea														
Other														