

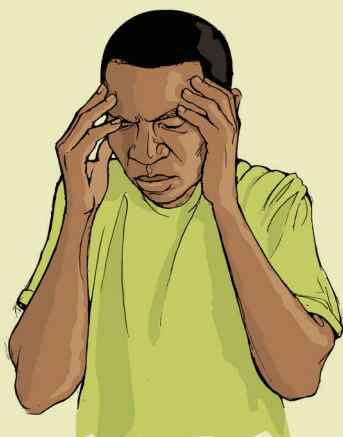
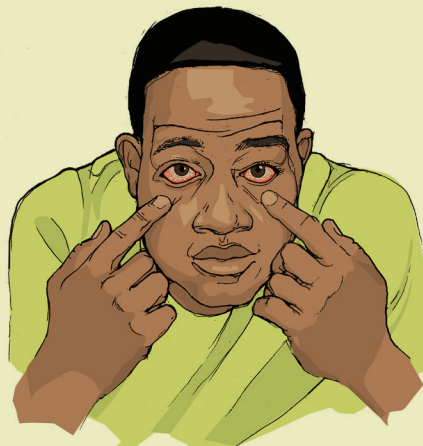
# EBOLA CARE Kit Symptom Card and Log

Track Your Symptoms on the following pages for 21 days.

If you have any of these symptoms during the next 21 days, call the State Health Department or call CDC: 1-800-232-4636. If you have a medical emergency, call 911.

## Remember:

Check symptoms and report early! Getting care early is your best chance to get better.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



# Daily Body Symptoms and Temperature Check



Week #1



Date you arrived in United States:   /   /



Use this form to record your temperature and symptoms every morning and every night. If your temperature is **100.4°F** or **38°C** or above OR if you have any of the symptoms listed on the symptom card, please call the **State Health Department** where you are or call **CDC INFO: 1-800-232 4636**



**If you have a medical emergency, call 9-1-1.**



<b>DAY 1</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



<b>DAY 5</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 2</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 6</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 3</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 7</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



<b>DAY 4</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



# Daily Body Symptoms and Temperature Check



Week #2



Use this form to record your temperature and symptoms every morning and every night. If your temperature is **100.4°F** or **38°C** or above OR if you have any of the symptoms listed on the symptom card, please call the **State Health Department** where you are or call **CDC INFO: 1-800-232 4636**



**If you have a medical emergency, call 9-1-1.**



<b>DAY 8</b> <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



<b>DAY 12</b> <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 9</b> <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 13</b> <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 10</b> <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 14</b> <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



<b>DAY 11</b> <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



# Daily Body Symptoms and Temperature Check



Week #3



Use this form to record your temperature and symptoms every morning and every night. If your temperature is **100.4°F** or **38°C** or above OR if you have any of the symptoms listed on the symptom card, please call the **State Health Department** where you are or call **CDC INFO: 1-800-232 4636**



**If you have a medical emergency, call 9-1-1.**



<b>DAY 15</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



<b>DAY 19</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 16</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 20</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 17</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 21</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

<b>DAY 18</b> <small>DD / MM / YYYY</small> <input type="text"/>	<b>SYMPTOMS</b> <small>MORNING</small> 	<b>TEMP°</b> <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

**Your monitoring period is over and you are clear for Ebola.**