

Appendix 2: Self-Monitoring Form for Asymptomatic Healthcare Workers with Low-Risk Exposure

Instructions: Healthcare workers (HCWs) should monitor their temperature and symptoms twice daily for 14 days after the date of last known exposure. This form has two rows per day. Complete the form by checking the appropriate boxes for each day and time. If a HCW reports subjective fever, measured temperature 38.0°C/100.0°F or higher, or any of the following symptoms, the HCW should be separated from others and should notify the appropriate public health authority or healthcare facility. HCWs must ensure absence of fever and symptoms before leaving home and reporting to work.

HCW name		Phone	Email	Facility	Job Title	Supervisor name	Date of last exposure											
Day # After Exposure ¹	Date	Time	Temp	Symptoms (check all that apply)														
				Subjective fever	Cough	Sore throat	Shortness of breath	Runny nose	Chills	Muscle aches	Headache	Fatigue	Abdominal pain	Nausea or vomiting	Diarrhea	None	Other	
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2																		
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¹ Complete form beginning on the day it is determined that monitoring is necessary.

Active Monitoring Form for Asymptomatic Healthcare Workers with High-Risk Exposure

Instructions: Healthcare workers (HCWs) should communicate with the healthcare facility or public health authority at least daily and report on subjective or measured temperature and the following symptoms. This form should be completed by the healthcare facility or public health authority by checking the appropriate boxes. HCWs without fever (subjective or temperature below 38.0°C/100.0°F) or any of the following symptoms can report to work.

HCW Name			Phone	Email	Facility	Job Title	Supervisor	Date of last exposure	Monitoring Personnel Name										
Day # After Exposure ¹	Date	Time	Temp	Symptoms (check all that apply)														Monitoring Personnel Signature	
				Subjective fever	Cough	Sore throat	Shortness of breath	Runny nose	Chills	Muscle aches	Headache	Fatigue	Abdominal pain	Nausea or vomiting	Diarrhea	None	Other		
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¹ Complete this form beginning on the day it is determined that monitoring is necessary.