Holland Bloorview
Kids Rehabilitation Hospital

# Daily Self-Monitoring Form for COVID-19

**OCCUPATIONAL HEALTH & WELLNESS DEPT**

**Name:** _____ **Date symptoms started (if applicable):** _____

**Monitoring Start Date:** _____ **Monitoring End Date:** _____

*Avoid the use of fever-reducing medicines (e.g. acetaminophen/Tylenol, ibuprofen/Advil) as much as possible. Fever-reducing medicines could hide early symptoms; if these must be taken, please consult with Occupational Health Nurse (x3020)

*Should you develop any of the symptoms below, please contact an Occupational Health Nurse (x3020)

| Self Monitoring Day | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date (MM/DD) | | | | | | | | | | | | | | | |
| Daily Temp Fever >38.0°C | 1st | | | | | | | | | | | | | | |
| | 2nd | | | | | | | | | | | | | | |
| No Symptoms (X) | | | | | | | | | | | | | | | |
| Pay Attention to your health. If you develop any symptoms, write Yes below for each symptom daily. | | | | | | | | | | | | | | | |
| Sore throat | | | | | | | | | | | | | | | |
| Cough | | | | | | | | | | | | | | | |
| Nasal Congestion | | | | | | | | | | | | | | | |
| Vomiting/Diarrhea | | | | | | | | | | | | | | | |
| Fatigue | | | | | | | | | | | | | | | |
| Runny Nose, sneezing | | | | | | | | | | | | | | | |
| Shortness of breath or difficulty breathing | | | | | | | | | | | | | | | |
| New loss of taste/smell | | | | | | | | | | | | | | | |
| Headache | | | | | | | | | | | | | | | |
| Other (chills, muscle aches, difficulty swallowing, chest pain etc.) | | | | | | | | | | | | | | | |