## Daily Self-Monitoring Form for COVID-19

**OCCUPATIONAL HEALTH & WELLNESS DEPT**

**Name:**

**Date symptoms start (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)

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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.)