

COVID-19 Daily Temperature and Symptom Monitoring Worksheet

INSTRUCTIONS:

All company employees must take their temperatures twice daily, once in the morning and once in the evening, and report any symptoms they are experiencing. For each day, document the morning and evening temperature and place an X in the box next to each symptom that the person is experiencing. If the person is experiencing a symptom that is not listed, it can be written into the row labeled as 'Other' for the corresponding date and time. If the person is not experiencing any symptoms, place an X in the box labeled "No symptoms". If the person reports a fever or any of the symptoms listed, call your healthcare provider.

DAY	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
DATE	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of Check:														
Directly Observed (Y/N)														
TEMPERATURE & SYMPTOMS														
Temperature	___°C	___°C	___°C	___°C	___°C	___°C	___°C	___°C	___°C	___°C	___°C	___°C	___°C	___°C
Fever														
Cough														
Shortness of breathe/Difficulty breathing														
Chest Pain														
Other (Specify)														
No Symptoms														

SIGN OFF:

I certify that all information in this form are correct and true.

Name and Position of Employee

Employee Supervisor / Department Head

Date Signed

Employee Department