# 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 37.7°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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| **1** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |

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 37.7°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** |
| **1** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **2** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **3** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **4** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **5** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **6** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **7** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **8** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **9** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **10** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **11** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **12** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **13** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |
| **14** |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |

1 Complete this form beginning on the day it is determined that monitoring is necessary.