

Here is a sheet to help you keep track of your daily symptoms while self-monitoring

# COVID-19 Daily Self-Monitoring Form

Date each day, check your temperature and then check any of the symptoms

Name: \_\_\_\_\_

<b>Date</b>														
<b>No Symptoms</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Symptoms</b>	<b>Let your supervisor know if you develop symptoms</b>													
<b>Fever <math>\geq 100.4^{\circ}\text{F}</math></b>														
<b>Chills</b>														
<b>Difficulty Breathing</b>	<b>Call 9-1-1</b>													
<b>New or worsening cough</b>														
<b>Runny Nose</b>														
<b>Nausea/Vomiting or Diarrhea</b>														
<b>Sore throat</b>														
<b>Fatigue</b>														
<b>Muscle aches</b>														
<b>Headache</b>														
<b>Loss of smell</b>														
<b>Generally feeling unwell</b>														
<b>Other, specify</b>														

Help protect yourself and your coworkers



Stay home if you are sick



Maintain 6 feet physical distance



Wash your hands



Clean/Disinfect work space



Cover mouth and nose



ONEIDA COUNTY  
HEALTH DEPARTMENT