

13. Appendix 2 – Close Contact Symptom Monitoring Chart

Name: _____ Date of Birth: _____

Date of incident/last exposure: _____

Day	Date	Time	Temp	Symptoms noted
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Symptoms of COVID-19 infection can include any of the following:

- Fever
- Cough
- Shortness of breath
- Difficulty breathing

If at any time you develop symptoms, refer to the **Novel Corona Virus Close Contact information Leaflet** enclosed.