



Supervision of Self-Monitoring after COVID-19 ALL Exposures

Name of Exposed Personnel: _____ ID: _____ Patient MRN: _____

Supervisor Name: _____ Unit: _____ Department: _____

1st Exposure Date: ___/___/___ Last Exposure Date: ___/___/___ Duration of exposure: Few Minutes Prolonged Exposure

PPE utilized: Facemask Respirator (N-95) PAPR Gowns Gloves Eye protection

Where was the patient located? Negative-Pressure Room Regular Room Other Location: _____

Attended aerosol generating procedures (AGP) was performed on the patient? Yes No

Day	Date (14 days following Last exposure date)	Time	Temperature	Asymptomatic	Note
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