

COVID-19 Staff Post-Exposure Self-Monitoring Log

(Twice a day for 14-days after last exposure date and employee is to provide copy of completed log to supervisor and retain a copy for yourself)

Contact Supervisor immediately if developed New or Worsening Symptoms (Fever is >100.0°F)

Employee Name: _____ B/D: _____ Employee ID: _____

Exposure Date ____ / ____ / ____ Unit: _____ Employee MRN (if known): _____ Phone: _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date: MM / DD / YYYY Time: _____ AM	Date: MM / DD / YYYY Time: _____ AM	Date: MM / DD / YYYY Time: _____ AM	Date: MM / DD / YYYY Time: _____ AM	Date: MM / DD / YYYY Time: _____ AM	Date: MM / DD / YYYY Time: _____ AM	Date: MM / DD / YYYY Time: _____ AM
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Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
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