

HOME BASED ISOLATION AND CARE MONITORING TOOLS



MINISTRY OF HEALTH

1. DAILY MONITORING FORM

Write symptoms and temperature in the space below every day for 14 days:			
Day	Date	Symptoms	Temperature
Day 0	Day 0 is the day of your last potential exposure		
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			
Day 13			
Day 14			

SPECIFIC SYMPTOMS

- | | |
|--|---|
| <input type="checkbox"/> Cough | <input type="checkbox"/> General body malaise (Fatigue) |
| <input type="checkbox"/> Difficulty in Breathing | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Sore throat | |