

**COVID-19 Contact Monitoring Form—DRAFT**

**INSTRUCTIONS**

- Log symptoms and confirm quarantine in **Part I** each day for 14 days.
- Complete **Part II** at end of 14-day period/close of case.

**PART I**

Confirmed case ID (if applicable): \_\_\_\_\_ Contact ID number (from Contact Listing Form): \_\_\_\_\_

**Daily monitor – Week 1**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>Date (MM/DD/YY)</b>	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Telephone call or app report?	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App
Symptoms (y/n):							
Cough							
Shortness of breath							
Sore throat							
Muscle pains or aches (myalgias)							
Malaise							
Fever ( $\geq 100.0^{\circ}\text{F}$ or subjective fever)							
Other <sup>1</sup>							
Confirm quarantine (y/n)							

**Daily monitor – Week 2**

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
<b>Date (MM/DD/YY)</b>	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Telephone call or app report?	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App	<input type="checkbox"/> Phone <input type="checkbox"/> App
Symptoms (y/n):							
Cough							
Shortness of breath							
Sore throat							
Muscle pains or aches (myalgias)							
Malaise							
Fever ( $\geq 100.0^{\circ}\text{F}$ or subjective fever)							
Other <sup>1</sup>							
Confirm quarantine (y/n)							

<sup>1</sup> Other symptoms include fatigue, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea.

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**PART II**

**Testing information**

Has the contact had viral testing for current COVID-19?     Yes (Complete section)     No (Skip section)

Date of test: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)      Location of test: \_\_\_\_\_

Type of specimen collected:    Nasal swab     Throat swab     Nasopharyngeal swab     Other, specify: \_\_\_\_\_

Test result:     POSITIVE for COVID-19     NEGATIVE for COVID-19     Has not received results

**Final contact status**

No symptoms     Symptoms, did not receive test     Symptoms, received test     Lost to follow-up

**Case closed due to**

Negative test result     Positive test result     14-day monitoring completed without symptoms  
 Lost to follow-up     Death