

SYMPTOM SELF-MONITORING LOG

Monitor yourself for fever twice daily for 14 days after exposure to a confirmed case, traveled internationally, or traveled to a state with widespread community transmission. Mark the date, time you took your temperature (mark whether it was AM or PM), and temperature. If you develop a fever (>100.4°F,38.6°C) note the other symptoms you are experiencing and immediately call the Kansas Department of Health and Environment’s Epidemiology hotline at 877-427-7317 or your local health department. If you need immediate care in an emergency department notify EMS that you may have been exposed to Covid-19..

Day	Date	Time Taken	Temperature
1		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
2		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
3		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
4		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
5		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
6		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
7		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F

Day	Date	Time Taken	Temperature
8		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
9		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
10		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
11		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
12		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
13		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
14		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F
		_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____°F

If you have developed a fever please check the boxes of any symptoms you are experiencing.

- Headache
 Joint or Muscle Aches
 Weakness
 Vomiting
 Diarrhea
 Stomach or Abdominal Pain
 Lack of Appetite
 Cough
 Sore throat
 Rash
 Shortness of Breath
 Chest Pain