

DREW

COVID-19 Symptom Monitoring Form

Name: _____ **Student ID:** _____ **Cell phone #:** _____

Instructions: Persons who are being monitored for symptoms of COVID-19 must take their temperature twice daily, once in the morning and once in the evening. For each day, record the date, your temperature, and check the box next to any symptom you are experiencing. If you do not have any symptoms, please check "No symptoms." If you develop any symptoms, please contact the Health Service at 973-408-3414. If you are experiencing any type of medical emergency such as trouble breathing, call 911.

At the end of the 14 days, upload the completed form to your health portal by going to **drew.studenthealthportal.com**. Use the Document Upload feature and choose "Symptom Monitoring Form" as the category. Call the Health Service to review your form and for further instructions.

Day:	Day 1		Day 2		Day 3		Day 4		Day 5		Day 7		Day 8		Day 9	
Date:																
Temperature	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Cough																
Shortness of breath/ difficulty breathing																
New loss of taste or smell																
Muscle/body aches																
Fatigue																
Headache																

Sore throat, congestion, or runny nose																	
Nausea, vomiting or diarrhea																	
No symptoms																	
Day:	Day 10	Day 11		Day 12		Day 13		Day 14									
Date:																	
Temperature	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM							
Cough																	
Shortness of breath/difficulty breathing																	
New loss of taste or smell																	
Muscle/body aches																	
Fatigue																	
Headache																	
Sore throat, congestion, or runny nose																	
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No symptoms																	

