

Symptom Self-Monitoring Form for Coronavirus (COVID-19)

STUDENT DETAILS

Name:	Program:
Date of Birth:	Year:
Student ID:	Contact Telephone#: ()

SIGNS & SYMPTOMS

COVID-19 infections can result in different symptoms. Common symptoms are fever, cough, shortness of breath, and chills*. If you develop these symptoms and would like to monitor them, please complete each line of the symptom columns, twice a day until the self-monitoring end date is reached. Fever is considered to be 100.4 F or above according to the CDC. Report fevers, cough and/or shortness of breath to your primary healthcare provider, if you have not already done so. Please also alert Student Wellness Services if you reside on campus.

* Other symptoms that can occur when infected with COVID 19: Muscle aches, headache, sore throat, New loss of taste or smell, diarrhea, vomiting. If you develop any of these symptoms, you can document them in the Comments area.

Date	Temperature Twice daily	Cough	Shortness of breath/difficulty breathing	Chills/shaking with chills	Medication for fevers	Comments

SIGNATURE: _____ **DATE:** _____