

Daily Self-Monitoring Form

Use to keep track of your daily symptoms while self-monitoring during your 14-day Quarantine.

Last Name:		First Name:		Student Number:	
School:		Location (address) for Quarantine:			

Date of arrival:		Quarantine start date:		Quarantine end date:	
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Record each date (day) of quarantine at the top of the table below. Check your temperature and then review the list for any symptoms (indicate YES or NO)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date (mm/dd)														
Temperature (C°)														
Monitor your health for the following symptoms and write YES or NO for each day														
Chills or Feverish														
Difficulty breathing or shortness of breath														
New or worsening cough														
Runny Nose														
Nausea or Vomiting														
Diarrhea														
Sore throat														
Tiredness / Fatigue														
Muscle aches														
Headache														
Conjunctivitis (pink eye)														
Loss of sense of smell														
Generally feeling unwell														
Other, specify below in box provided														
No Symptoms														

* On days **7** and **14** of self-isolation/quarantine you must forward a copy of this monitoring form to studyinpeel@peelsb.com.

* On day **14** of self-isolation/quarantine, the supervisor/custodian must make arrangements for the student to safely visit an assessment center for a COVID-19 test.

If you develop COVID-19 symptoms and/or symptoms continue past the 14 day period, contact your custodian to arrange for a medical checkup and a continuation of your quarantine.

Information regarding other symptoms if they present during quarantine:

Date:		Information/description of symptom:	
Date:		Information/description of symptom:	

My symptoms were monitored by (Name):		Signature:	
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