

## Active Monitoring Form for COVID-19

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Monitoring End Date (Date of last exposure + 14 days after): \_\_\_\_\_

To be done for confirmed and probable cases  
Health Centre to call Confirmed Cases Daily

Conduct Active Daily Monitoring of a Non-Hospitalized Confirmed/Probable case for 10 days after the onset of their first symptom.

Indicate presence or absence of any of the symptoms below with a yes/no under the corresponding date.

Date														
Symptoms														
Cough														
Temp (degrees °C)														
Chills														
Sore Throat														
Runny Nose														
Shortness of breath/difficulty breathing														
Headache														
General Weakness														
Pain (muscular, chest, abdominal, joint etc)														
Nausea/Vomiting														
Irritability/confusion														
Diarrhea														
Other:														
Initials of Caller														

**Inform client:** If you have symptoms that require urgent medical attention and access to medical care, immediately notify EMS. and nursing staff at the emergency department/urgent care centre/health centre that you may have been in contact with COVID-19.