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NOVEL CORONAVIRUS (2019nCoV) PREPAREDNESS AND RESPONSE PLAN FOR OUTBREAK CONTROL

NOVEL CORONAVIRUS (2019nCoV) SIGNS & SYMPTOMS DETECTION LOG

Name:						_ Date	monit	oring	began:				_	
Date of last exp	osure):				Date o	f disch	arge:						
Day: Date:	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time													1	
Type of Check*													1	
HCWs Initials													1	
Symptoms‡														
Fever (record temperature)														
Cough														
Sore throat													1	
Difficulty Breathing														
Headache													1	
Chest Pain														
Vomiting													1	
Diarrhoea														
Abdominal Pain													1	
Day:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
Date:														
	AM	PM	AM	PM	AM	PM	AM	P M	AM	PM	AM	РМ	АМ	PM
Time														
Type of Check*														
HCWs Initials†														
Symptoms‡														
Fever (record temperature)														
Cough														
Sore throat														
Difficulty Breathing														
Headache														
Chest Pain														
Vomiting														
Diarrhoea														
Abdominal Pain					1								,	

Key: Type of check * I = In person, P = Phone, S= Self monitor

‡ For each fever check, record the temperature For other symptoms, put 'Y' for Yes or 'N' for No