

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

NOVEL CORONAVIRUS (2019nCoV) SIGNS & SYMPTOMS DETECTION LOG

Name: _____ Date monitoring began: _____

Date of last exposure: _____ Date of discharge: _____

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														
Type of Check*														
HCWs Initials														
Symptoms‡														
Fever (record temperature)														
Cough														
Sore throat														
Difficulty Breathing														
Headache														
Chest Pain														
Vomiting														
Diarrhoea														
Abdominal Pain														
Day: Date:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
	AM	PM	AM	PM	AM	PM	AM	P M	AM	PM	AM	PM	AM	PM
Time														
Type of Check*														
HCWs Initials‡														
Symptoms‡														
Fever (record temperature)														
Cough														
Sore throat														
Difficulty Breathing														
Headache														
Chest Pain														
Vomiting														
Diarrhoea														
Abdominal Pain														

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**