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| **c:\users\Kyuubi\Downloads\NAMRIA Logo.png** | **COVID-19 SIGNS AND SYMPTOMS LOG** |
| NAMRIA-OSH-Form04 Rev02 |

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| **CONFIRMED CASE NAME** | | | *Last name, First name MI.* | | | | | | | **OFFICE** |  | | | | | | | | | | | |
| **CLOSE CONTACT NAME (A)** | | | *Last name, First name MI.* | | | | | | | **OFFICE** |  | | | | | | | | | | | |
| **DATE OF LAST EXPOSURE** | | | *MM/DD/YYYY* | | | | | | | **END DATE OF VOLUNTARY QUARANTINE**  (5 days after the date of last exposure) | | | | | | | *MM/DD/YYYY* | | | | | |
| ***INTRUCTIONS:*** *Monitoring shall be done twice a day. Indicate the date. Go through each condition for monitoring. Put a check if the close contact met the conditions being asked under the corresponding time of the day (AM/PM) monitoring was done. Provide the temperature taken in the Celsius scale (e.g. 38.3). State other symptoms experienced.* | | | | | | | | | | | | | | | | | | | | | | |
| **Conditions for Monitoring** | *Date* | | | *Date* | | *Date* | | *Date* | | *Date* | | *Date* | | *Date* | | *Date* | | | *Date* | | *Date* | |
| AM | PM | | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | | PM | AM | PM | AM | PM |
| No sign/symptoms |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Fever (temp) |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Cough |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Sore throat |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Difficulty breathing |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Colds |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Diarrhea |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Other symptoms: |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
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| **ASSESSED BY** | | | |
| **Name** | **Position/Designation** | **Signature** | **Date** |
|  |  |  | *MM/DD/YYYY* |