

MEDICAL ISOLATION STUDENT SYMPTOM LOG

COVID-19 POSITIVE STUDENTS (OR PRESUMED POSITIVE) ARE TO HAVE A SYMPTOM CHECK COMPLETED 4X PER DAY. THIS CHECK WILL INCLUDE A SERIES OF QUESTIONS TO MONITOR AND GAUGE THE STATUS OF THE STUDENT'S SYMPTOMS AND CONDITION. SYMPTOM CHECKS ARE TO BE COMPLETED TWICE DURING THE MORNING, ONCE MIDAFTERNOON, AND ONCE IN THE EVENING. STAFF ARE TO CONTINUE MONITORING THE STUDENT OVERNIGHT.

STUDENT INITIALS: _____												
Date	Time	Temp	Fever (Y/N)	Cough (Y/N)	Shortness of breath/difficulty breathing (Y/N)	Chills (Y/N)	Body Aches (Y/N)	Vomiting (Y/N)	Diarrhea (Y/N)	Nausea (Y/N)	Loss of Taste or Smell? (Y/N)	Staff Initials
	AM											
Observation Notes:												
	AM											
Observation Notes:												
	PM											
Observation Notes:												
	PM											
Observation Notes:												