Symptom Monitoring Log for Persons Having Known or Possible Exposure to Ebola

Name: _____

Date of last exposure (Day 0): _____

Date of discharge (Day 22): _____

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 of check:														
Symptoms														
Temperature (≥100.4)														
Headache														
Malaise														
Sore Throat														
Diarrhea														
Vomiting														
Unexplained bleeding														
Rash														

Day: / Date:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Symptoms														
Temperature (≥100.4)														
Headache														
Malaise														
Sore Throat														
Diarrhea														
Vomiting														
Unexplained bleeding														
Rash														

Day: / Date:	DAY 15		DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Symptoms														
Temperature (≥100.4)														
Headache														
Malaise														
Sore Throat														
Diarrhea														
Vomiting														
Unexplained bleeding														
Rash														