

Local Health Contacts: Please complete each yellow box and fax to DPHHS after days 7, 14, and 21 at 800-616-7460. Contact DPHHS at 444-0273 immediately if symptoms of concern are identified or patient is lost to follow-up. Thank you for your assistance.

SUBJECT NAME or NUMBER:		ADDRESS:	
HOME PHONE:		DOCTOR/CLINIC THAT WILL EVALUATE:	
CELL PHONE:		WORK LOCATION/CONTACT INFORMATION:	
PREFERRED TIME FOR DAILY CONTACT:		Level of monitoring- circle all that apply	Active Monitoring- One contact per day with subject
			Direct Active Monitoring- One direct observation with additional contact daily
			Quarantine/Order Y/N
Please complete log each day after direct contact with the subject or representative. In the event of a symptom of concern, anticipate who will evaluate the patient and review the plan with subject and health care provider. Please contact DPHHS Communicable Disease Program at 444-0273 for assistance.		Subject Risk- circle classification:	High Risk- Direct Contact or recognized high-risk exposure
			Some Risk- Household contact or other close contact
			Low Risk

Date of last exposure:		Status (Record reported Temperature and indicate Y or N in appropriate symptom column)											Public Health Actions taken related to symptom monitoring
DATE	Incubation Day	Temperature (F)	Chills	Weakness	Headache	Muscle Aches	Abdominal Pain	Diarrhea x/day	Vomiting	unexplained bleeding	Other/Travel Plans	Any Sx of Concern?	
	1												
	2												
	3												
	4												
	5												
	6												
	7 fax to DPHHS												
	8												
	9												
	10												
	11												
	12												
	13												
	14 Fax to DPHHS												
	15												
	16												
	17												
	18												
	19												
	20												
	21 Fax to DPHHS												
	other												

Local staff contact(s) & Phone:

Please fax to DPHHS at 800-616-7460 on day 7, 14 and 21. Contact DPHHS at 444-0273 immediately if symptoms of concern are noted or patient is lost to follow-up.

Comments: