Updated 7/21/21

## **COVID-19 MONITORING FORM**

Date\_\_\_\_\_

NAME	PHONE/EMAIL	TIME		SYMPTOMS		DIAGNOSE
		Indicate a yes - Y or no - N				

CONTACT: Have you had close contact with someone with COVID-19 in the last 14 days?

SYMPTOMS: Do you have any of the following symptoms, cough, shortness of breath, difficulty breathiing, chills, loss of tatste or smell, muscle aches, nausea?

DIAGNOSED: Have you been diagnosed with COVID in the last 15 days?

Unless fully vaccinated, individualas indicating yes to any of the above questions may not attend until they have been cleared by a health care professional