

EBOLA VIRUS DISEASE EXPOSURE DAILY SYMPTOM MONITORING LOG



Contact/Traveler Name (Last, First):

Date of Departure from Marburg Outbreak Country:
Projected Date Completion (21 days from departure) :

Instructions: This form is for contact/traveler use after interview by Department of Public Health (DPH) staff. Contact/Traveler under surveillance should monitor their temperature and symptoms twice a day. If symptoms develop, follow the instructions provided during interview (e.g., contact Department of Public Health or your primary care physician).

Day Number (after departure)	1		2		3		4		5		6		7		8		9		10		11	
Date																						
Time (AM/PM)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature (° F)																						
Severe Headache																						
Weakness																						
Fatigue																						
Red Eyes																						
Joint Pain																						
Muscle Pain																						
Abdominal Pain																						
Loss of Appetite																						
Vomiting																						
Diarrhea																						
Skin Rash																						
Sore Throat																						
Hiccups																						
*Unexplained Bleeding																						
Other SX Compliant																						

*Unexplained bleeding means bleeding from your mouth or nose, bloody diarrhea, coughing up blood, or bruising under the skin.

Person name (last, first): _____

Day number (after departure)	12		13		14		15		16		17		18		19		20		21	
Date																				
Time (AM/PM)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature (° F)																				
Severe Headache																				
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Notes	
Date	Summary

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