

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

## COVID-19 Symptom Identification and Monitoring

- Complete a minimum of twice daily. Additional details to be recorded in progress notes.
- Indicate presence of symptom(s) by placing check marks ✓ in boxes. Leave blank if resolved or not present.
- With new onset COVID-19 symptoms notify charge nurse and MRHP (*most responsible healthcare provider*) for further direction. Review with MRHP and if appropriate place patient on contact and droplet precautions and notify IPC as per site process.
- If patient is currently on additional precautions for COVID-19 and has no symptoms for 48 hours, refer to **Discontinuation of Contact and Droplet Precautions for COVID-19.**

Month _____ Day											
Time (hh:mm)											
<b>COVID-19 Core ILI Symptoms</b> New/worse <b>OR</b> unexplained	Cough										
	Fever/chills/rigors <i>Adults greater than 37.8° C</i> <i>Pediatrics greater than or equal to 38.0° C</i>										
	Shortness of breath										
	Difficulty breathing										
	Sore throat/ painful swallowing										
	Runny nose/ nasal congestion										
<b>COVID-19 GI Symptoms</b> New/worse <b>AND</b> unexplained	Vomiting										
	Diarrhea  <i>(Greater than or equal to 3 episodes of vomiting and/or diarrhea in a 24hr period)</i>										
<b>COVID-19 Expanded Symptoms</b> New/worse <b>AND</b> unexplained	Headache										
	Muscle/joint pain										
	Fatigue/extreme exhaustion										
	Nausea/sudden loss of appetite										
	Loss of/change to sense of smell or taste										
	Conjunctivitis/red eye/ conjunctival edema										
	Altered mental status										
	Any additional COVID-19 symptoms at clinician's discretion										
<b>Initials</b>											