**Self- Monitoring with Delegated Supervision Log**

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| **Last Name:** | **First Name:** | | | | **Birthdate:** | | | **Employee#:** | |
| **Job Title:** | | |  | **Business Unit:** | | | **Dept:** | |  |
| **Phone number:** | | **Work Phone:** | | | | **Supervisor’s Name:** | | | |

You have been identified as having a Low-Risk Exposure:

Monitor yourself for fever by taking your temperature twice a day and remain alert for respiratory symptoms (cough, shortness of breath or sore throat) for 14 days post exposure date. If at any time your temperature is 100.0oF or 37.7oC or greater OR you have symptoms, immediately self-isolate and contact Employee Health immediately.

At the end of your 14 days, send your completed log to Employee Health & Wellness. Fax: 715-847-2786.

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| **Date/Dates of Exposure:** | | | | | | **Cough** | **Shortness of Breath or Difficulty Breathing** | **Sore Throat** |
| Day 1 of exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 2 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 3 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 4 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 5 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 6 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 7 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 8 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 9 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 10 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 11 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 12 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 13 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |
| Day 14 post exposure | Date: | Time: | Temp: | Time: | Temp: | * Yes □ No | * Yes □ No | * Yes □ No |

For any questions or concerns contact Employee Health at 715-847-2785.