COVID-19 DAILY MONITORING TOOL

Details of person being monitored					Details of person completing this form			
Surname		**Name**			**Surname**		**Name**	
Gender	□ Male □ Female	**Date of birth**	DD/MM/YYYY		**Role**	(Mother / Father etc)	**Date started**	DD/MM/YYYY
Medical conditions	□ Heart disease □ Lung disease	□ Kidney disease □ Diabetes	□ Immunocompromised □ Other:		**Physical Address**			
Other Medical conditions that we should be aware of?					**Contact number**		**Alternative number**	

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date (DD/MM)														
Fever	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N
Temperature (°C)														
Cough	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N
Shortness of breath	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N
Chills	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N
Myalgia/body pains	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N
Sore throat	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N
Diarrhea	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N	□ Y □ N
Initials of monitor														

Has the person experienced any illness during the time period? _____

If yes, please provide the following details: Name and telephone number of diagnosing medical practitioner? ....

Medical Condition?... Date Diagnosed .... Medicines / Prescribed Treatment...
_____

At the end of the period of time period, was there any cause for concern or further action necessary? _____ If Yes, please provide details:

...

Signed:... Date:.......................................

Movement Log

As part of our effort to monitor as closely as possible any potential Covid-19 transmission vector, we will ask that any significant and relevant movements be recorded against the date this took place. Example of significant movement include visits to crowded places, shopping centres or markets, theatres and so on. The key goals of this are:

- To monitor any potential Covid-19 symptoms that arise after visiting a particular locale as a way of determining future quarantine periods;
- To trace, as much as is feasible, any contacts a member of the Trident community may have had in the case of a positive Covid-19 diagnosis.

Note on Movement

We understand that whilst at home, parents will be at work and visitors may enter houses and so on. We ask that a common-sense approach to movement tracking be taken in order to make the process manageable for our community, whilst at the same time being as practically useful as possible.

We realise that 14 days extends beyond the limit of the mid-term break. However, for students leaving Thursday night and perhaps returning late due to flights or other commitments, we ask that the form be completed for as many days as practicable.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14