

## NIPAH VIRUS DISEASE EXPOSURE DAILY SYMPTOM MONITORING LOG



Contact/Traveler Name (Last, First):

Date of Departure from Nipah Outbreak Country: Projected Date Completion (14 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																						
Cough																						
Sore Throat																						
Difficulty Breathing																						
Nausea																						
Vomiting																						
Seizure																						
Drowsiness																						
Disorientation																						
Mental Confusion																						
Other SX Compliant																						

Person name (last, first): \_\_\_\_\_

Day number (after departure)	12		13		14	
Date						
Time (AM/PM)	AM	PM	AM	PM	AM	PM
Temperature (° F)						
Severe Headache						
Cough						
Sore Throat						
Difficulty Breathing						
Nausea						
Vomiting						
Seizure						
Drowsiness						
Disorientation						
Mental Confusion						
Other SX Compliant						

Notes	
Date	Summary