University of California
San Francisco

Infectious Disease – Coronavirus Symptom Self-Monitoring Form

Occupational Health Services

EMPLOYEE DETAILS

Name: Date of Birth:	Position: Visitor (Yes / No):
Employee ID: Department:	Contact Telephone #: Email:

SIGNS & SYMPTOMS

- Please complete each line of the symptom columns, twice a day until the self-monitoring end date is reached. Temperature must be assessed twice a day.
- If new symptoms arise, consult with your primary care provider for care as needed and call the UCSF COVID Hotline (415.514.7328) for triage, testing recommendations, or return to work guidance.
- At the end of your 14 day self-monitoring period, please return the completed, signed form via fax or secure email:
  - Email: covidohsmz@ucsf.edu; please write Secure: in the subject line.

Date/Time	Temperature (twice daily)	Cough	Sore Throat	Shortness of breath or difficulty breathing	Unexplained muscle	Loss of smell or taste	Nasal congestion	Diarrhea	Eye redness+/- discharge	Myalgia / Malaise	Headache	Rash	Unexplained Bleeding/	Comments
		(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	

Signature: _____ Date: _____