Appendix B: Example sign/symptom documentation form

Name: _____

Date of last exposure: _____

21 days after last exposure: _____

Day: Date:	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Symptoms														
Fever >100.4														
Headache														
Joint or muscle aches														
Weakness														
Diarrhea														
Vomiting														
Stomach pain														
Lack of appetite														
Rash														
Red eyes														

Day: Date:	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Symptoms														
Fever >100.4														
Headache														
Joint or muscle aches														
Weakness														
Diarrhea														
Vomiting														
Stomach pain														
Lack of appetite														
Rash														
Red eyes														

Day: Date:	DAY 15		DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Symptoms														
Fever >100.4														
Headache														
Joint or muscle aches														
Weakness														
Diarrhea														
Vomiting														
Stomach pain														
Lack of appetite														
Rash														
Red eyes														