Government of
Northwest Territories

Updated: December 10, 2020

COVID-19 Active Daily Monitoring Form (for internal use only)

Follow guidance on the Interim Public Health Management of Cases and Contact for direction on duration of symptoms monitoring.

Name:
Date of Birth:
Personal Health Number:
Date of Last Contact or Exposure:
Monitoring Start Date:
Monitoring End Date:

Status of Case (check one):
- ○ Contact
- ○ Suspect (refer to testing if symptoms) Date of Swab:
- ○ Probable
- ◉ Confirmed - Date of Swab:

Date of first symptom onset (if applicable):

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Date (mm/dd)															
No Symptoms	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Symptoms :	**Let a health care provider know if you develop symptoms.**														
Temperature (specify: ºC)															
Shortness of breath or difficulty breathing	**Call 9-1-1**														
Fever	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
New or worsening cough	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Loss of sense of smell / taste	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Generally feeling unwell	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Chills	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Muscle aches	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Fatigue or weakness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Sore throat	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Congestion or runny nose	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Headache	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Diarrhea	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Nausea or vomiting	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Loss of appetite	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Abdominal pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Skin changes or rash	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other, specify															

If symptoms continue past this point call your healthcare provider.

Notes: