Pre-exposure Tracking 7	ГооІ									Courtesy of Rome Memorial Hospital v1-3/17/2020						
Name:																
Symptom Tracker:	Symptom Tracker: Check your health status daily to protect our community.															
Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Fever (Y/N) Temperature/Time																
Cough (Y/N)																
Shortness of breath (Y/N)																
Other lower respiratory symptoms (Y/N - Describe)																
Other non-respiratory symptoms (Y/N - Describe)																
Fever/Pain Reducers Time of Last Dose																
If you answered "Yes" to any of the above questions. Stay Home, Except to Obtain Medical Care. Stay in touch with your doctor. Call ahead before your seek medical care, unless it's an emergency. Risk Tracker: Answering these questions will help us identify if you need to be tested based upon your risk of exposure.																
Have you or a family member travelled to areas where there are outbreaks of coronavirus?																
Have you had any contact with anyone who has tested positive for coronavirus?																
Have any of your family members been sick with COVID or flu-like symptoms?																
Activity Tracker: к	eeping track o	of the following	j information	will help ident	ify where you	may have be	en exposed a	nd anyone wh	no made need	monitoring if	you test posi	tive.	l			
Where have you traveled? Cities/Counties States/Countries																
Where did you work? Organization Units/Locations																
Who were your close contacts? Within 6 ft																

Pre-exposure Tracking	ГооІ										Courtesy of Rome Memorial Hospital v1-3/17/2020							
Name:						Department:	:											
Symptom Tracker: Check your health status daily to protect our community.																		
Month:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Fever (Y/N) Temperature/Time																		
Cough (Y/N)																		
Shortness of breath (Y/N)																		
Other lower respiratory symptoms (Y/N - Describe)																		
Other non-respiratory symptoms (Y/N - Describe)																		
Fever/Pain Reducers Time of Last Dose																		
If you answered "Y	es" to a	ny of th	e above	questic	ons. Sta	y Home	e, Excep	t to Obt	ain Med	ical Car	e.							
Stay in touch with your doctor. Call ahead before your seek medical care, unless it's an emergency. Risk Tracker: Answering these questions will help us identify if you need to be tested based upon your risk of exposure.																		
Have you or a family member travelled to areas where there are outbreaks of coronavirus?																		
Have you had any contact with anyone who has tested positive for coronavirus?																		
Have any of your family members been sick with COVID or flu-like symptoms?																		
Activity Tracker: к	Activity Tracker: Keeping track of the following information will help identify where you may have been exposed and anyone who made need monitoring if you test positive.																	
Where have you traveled? Cities/Counties States/Countries																		
Where did you work? Organization Units/Locations																		
Who were your close contacts? Within 6 ft																		