## **Daily Self-Monitoring Form for COVID-19**

Who should use this form? Use this form if you were exposed to a COVID-19 case or you returned from travel outside of Canada. Unless you <u>are exempt</u>, all travellers returning to Canada are required under the <u>Quarantine Act</u> to self-monitor and self-isolate for 14 days. Travellers returning to B.C. must also <u>submit a self-isolation plan</u> for approval prior to their return or upon arrival.

What is self-isolation? Self-isolation means that you need to stay home and avoid contact with others. For those exposed to a case of COVID-19 or returning from outside Canada, this applies for 14 days, even if you don't have symptoms. Go to BCCDC website for more information.

What is self-monitoring? Self-monitoring for COVID-19 means you pay attention to your health, and record daily your temperature and any of the symptoms on page 2. Self-monitor for 14 days from when you returned to Canada or were last exposed to a COVID-19 case. The <u>symptoms of COVID-19</u> are similar to other respiratory illnesses including the flu and common cold and can also include gastrointestinal symptoms such as diarrhea, nausea and vomiting.

#### What if I develop symptoms?

### **Mild Symptoms**

- If you develop cold, influenza or <u>COVID-19-like symptoms</u>, use the <u>BC COVID-19 Self-Assessment Tool</u> to help determine if you need further assessment for COVID-19 testing by a physician, nurse practitioner or at a <u>BC COVID-19 collection centre</u>. You can also call 8-1-1 to speak with a nurse.
- If you have mild symptoms that can be managed at home (e.g., fever, cough, sneezing, or sore throat) continue self-isolating for at least 14 days (see When can I stop isolating? below).

#### **Worsening Symptoms**

- If your symptoms worsen or if you are concerned, complete the <u>BC COVID-19 Self-Assessment Tool</u> again or call 8-1-1 any time. Examples include mild to moderate shortness of breath, inability to lie down because of difficulty breathing, any new chest pain and chronic health conditions that you are having difficulty managing because of difficulty breathing.
- If your symptoms worsen, it is important to seek medical help early. Please consult your family doctor or nurse practitioner. If you are unable to reach your regular care provider, seek care at an <u>Urgent & Primary Care Centre</u> or Emergency Department. When going in person please call ahead and tell them your symptoms, and that you are self-isolating because of international travel or an exposure to a COVID-19 case.

#### **Severe Symptoms**

- These symptoms require immediate medical attention. Examples include severe difficulty breathing (e.g. struggling to breathe or speaking in single words), severe chest pain, having a very hard time waking up, or feeling confused or losing consciousness.
- Call 9-1-1 immediately, or go directly to your nearest emergency department. If possible, you or someone caring for you should call ahead and tell them your symptoms and you travelled outside of Canada or had contact with a COVID-19 case.

#### When can I stop isolating?

**If you had no symptoms**, you can stop self-monitoring and self-isolating 14 days after international travel or your last exposure to a COVID-19 case. **If you developed respiratory symptoms**, you can stop self-monitoring and self-isolating when:

- A. At least 10 days have passed since your symptoms started OR 14 days from when you started self-isolating, whichever is longer; AND
- B. Your fever is gone without the use of fever-reducing medications (e.g., Tylenol, Advil); AND
- C. You are feeling better. Any other symptoms listed on page 2 (respiratory, gastrointestinal, and systemic) have gotten better. Coughing may go on for several weeks and does not mean that you can pass on the virus and must isolate yourself.

Speak with a health care provider if you are unsure when to stop self-monitoring or self-isolating. You can call 8-1-1 any time to speak with a nurse.



# **Daily Self-Monitoring Form for COVID-19**

| Name:   | Date symptoms started (if applicable):                                     |            |          |             |           |             |            |            |            |           |            |           |          |            |
|---|--|------------|----------|-------------|-----------|-------------|------------|------------|------------|-----------|------------|-----------|----------|------------|
| Self-monitoring start date:   | (e.g., date arrived in Canada or date of last exposure to a COVID-19 case) |            |          |             |           |             |            |            |            |           |            |           |          |            |
| * Avoid the use of fever-reducing medi  | cines (e.g.  | . acetamin | ophen/Tv | rlenol. ibu | profen/Ac | dvil) as mu | ich as pos | sible. Fev | er-reducin | g medicin | es could h | ide early | svmptoms | : if these |
| must be taken, speak with your health   |  |            | . , ,    | ,           | ,         | ,           | •          |            |            | J         |            | ,         | , ,      | •          |
| Self-monitoring day   | 1  | 2          | 3        | 4           | 5         | 6           | 7          | 8          | 9          | 10        | 11         | 12        | 13       | 14         |
| Date (MM/DD)  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Daily temperature*  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| (degrees Celsius)   | °C   | °C         | °C       | °C          | °C        | °C          | °C         | °C         | °C         | °C        | °C         | °C        | °C       | °C         |
| NO SYMPTOMS   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Pay attention to your health. If you develop any symptoms write <b>YES</b> or <b>NO</b> below for each symptom daily. |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Chills  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
|   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Conjunctivitis  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| (pink eye)  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Cough   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| B'b   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Diarrhoea   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| (loose stool/poop)  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Fatigue (tired)   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Runny nose  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| namy nose   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Short of breath or difficulty   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| breathing   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Sore throat   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
|   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| Other (add in notes)  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| loss of appetite, loss of taste or sense  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| of smell, nausea & vomiting, muscle   |  |            |          |             |           |             |            |            |            |           |            |           |          |            |
| aches, headache, new chest pain etc.  |  |            |          |             |           |             |            |            |            |           |            |           |          |            |

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**2**|Page April 24, 2020