Barry County: 330 W. Woodlawn Ave., Hastings MI 49058 Phone: 269-945-9516 Fax: 517-543-7737

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813 Phone: 517-543-2430 Fax: 517-543-7737

GUIDANCE FOR PERSONS UNDER ACTIVE MONITORING FOR NOVEL CORONAVIRUS (COVID-19)

You are being monitored because of your recent travel history or your exposure to a confirmed case of Novel Coronavirus, also known as COVID-19. This puts you at risk of developing a COVID-19 infection. Over the next 14 days, you will be monitored for the presence of symptoms that indicate a COVID-19 infection. This monitoring is a precautionary measure to prevent the potential spread of COVID-19. It does NOT mean you currently have COVID-19 or that you will get COVID-19.

Why are you being asked to check your temperature and symptoms for up to 14 days?

Reporting your temperature and your symptoms helps determine the presence of a COVID-19 infection. It is very important for you to monitor your health so that you can be tested for COVID-19 and also receive appropriate medical care should you need it. Based on what is known from other coronavirus infections, 14 days is the longest time between when you were last exposed to novel coronavirus and when symptoms begin.

What are the signs and symptoms of novel coronavirus?

The most common symptoms of novel coronavirus include fever and cough, sometimes difficulty breathing; more rarely sore throat, muscle aches, and abdominal discomfort. These symptoms can also be due to many other illnesses. If you develop a fever or any symptoms, it doesn't mean you have novel coronavirus, but you should follow up with communicable disease (CD) staff at the Barry-Eaton District Health Department (BEDHD).

Instructions for monitoring your temperature and symptoms:

- Report this information daily to staff at BEDHD.
- Each day, record the presence or absence of all symptoms on a 14-day fever and symptom log.
- Take and write down your temperature orally (by mouth) with a digital thermometer 2 times a day, once in the morning and again in the evening.
 - o If you forget to take your temperature, take it as soon as you remember.
 - Record if you are taking any medication that could lower your body temperature, including aspirin (acetylsalicylic acid), Tylenol® (acetaminophen), Motrin® or Advil® (ibuprofen), or Aleve® (naproxen). If you are taking one of these medications, please take your temperature before your next dose of medication.
- If you have a fever or respiratory illness, cough or shortness of breath, immediately call the BEDHD at 517-541-2641 Monday-Friday 8am-5pm. If calling after hours, dial 517-541-2683.
- Every day, report any symptoms, or absence of symptoms, you have experienced, to public health officials by phone, email, or other means as directed by CD staff at BEDHD.

What should I do if I become ill during this monitoring period?

DO NOT go to a clinic or hospital without first calling them ahead, if possible. If you call 911, inform them you are being monitored for COVID-19. Tell your doctor or your local hospital that you are being monitored by communicable disease staff at the Barry-Eaton District Health Department for potential exposure to novel coronavirus and need follow up medical care and testing. Please call CD staff at BEDHD at 517-541-2641 with any questions. We thank you for you cooperation.



14-day fever and symptom follow-up form for contacts of 2019-nCov patients, days 1-7

Name:	Age (yrs):	Sex: M F	
Street address:	City	_State:	_Telephone number:
Case ID number (from contact listing form):	Contact number (from	າ contact listing fo	orm):
Where did contact with the case occur:	Date	e of last contact w	vith the case (mm/dd/yyyy):

Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the symptoms: circle 'Y' for Yes and 'N' for No. **Don't leave any spaces blank**.

If you have a fever, respiratory illness, cough or shortness of breath, immediately call the BEDHD Mon-Fri 8am-5pm at 517-541-2641 or after hours at 517-541-2683.

Day # (from last contact)		1	7	2	;	3	4	4	5			6	-	7
Date														
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														
Felt feverish	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal discomfort	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N



14-day fever and symptom follow-up form for contacts of 2019-nCov patients, days 8-14

Name:	Age (yrs):	Sex: M F		
Street address:	City, State:		Telephone number:	
Case ID number (from contact listing form):	Contact number (from contact listing form):		
Where did contact with the case occur:		Date of last contac	ct with the case (mm/dd/yyyy):	

Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the symptoms: circle 'Y' for Yes and 'N' for No. **Don't leave any spaces blank**.

If you have a fever, respiratory illness, cough or shortness of breath, immediately call the BEDHD Mon-Fri 8am-5pm at 517-541-2641 or after hours at 517-541-2683.

Day # (from last contact)		8		9	1	.0	1	.1	12		1	3	1	4
Date														
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM P	М	AM	PM	AM	PM
Temperature														
Felt feverish	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Sore throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Difficulty breathing	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Shortness of breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Muscle aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Abdominal discomfort	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N Y	N	Y N	Y N	Y N	Y N