



GUIDANCE FOR PERSONS UNDER QUARANTINE 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.

What does Quarantine mean?

Quarantine in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease. **No public activities; you must stay at home.** Daily active monitoring and symptom reporting to public health officials is required.

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 staff at the Barry-Eaton District Health Department (BEDHD).

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.

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.
 - 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.
- 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 staff at BEDHD.

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

If you have or develop a fever or respiratory illness, cough or shortness of breath, and you feel you require medical assistance, call your health care provider. **DO NOT go to a clinic or hospital without first calling them. 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 the BEDHD for potential exposure to novel coronavirus and need follow up medical care and testing. Please call staff at BEDHD at 517-541-2675 with any questions.

Separate yourself from others as much as possible.

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick.

The best prevention for viruses, such as influenza, the common cold or COVID-19 is to:

- Wash your hands often with soap and warm water for 20 seconds. If not available, use hand sanitizer.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Cover your mouth and nose with a tissue or upper sleeve when coughing or sneezing.
- Avoid contact with people who are sick.
- If you are sick, stay home, and avoid contact with others.
- Replace handshakes with elbow bumps.
- Stay at least 6 feet away from others when in a public setting.

Questions?

Please call staff at BEDHD at 517-541-2675.



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 contact listing form): _____
 Where did contact with the case occur: _____ Date of last contact 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.**

Day # (from last contact)	1		2		3		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 contact 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.**

Day # (from last contact)	8		9		10		11		12		13		14	
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