

Fever Monitoring Chart: Morning (AM) and Evening (PM) for 21 days

Name: _____

Self-Reported Public Health Observed

Date Left Ebola-Impacted Country: _____

Date Returned to the United States: _____

Day:	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		Day 8		Day 9		Day 10	
Date:																				
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of Check:																				
Symptoms																				
Temperature (°F)																				
Severe headache																				
Muscle/Joint aches																				
Vomiting or Diarrhea																				
Stomach pain																				
Bleeding or bruising																				
Fatigue/Weakness																				
Fever reducer taken?																				

Day:	Day 11		Day 12		Day 13		Day 14		Day 15		Day 16		Day 17		Day 18		Day 19		Day 20		Day 21	
Date:																						
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of Check:																						
Symptoms																						
Temperature (°F)																						
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Bleeding or bruising																						
Fatigue/Weakness																						
Fever reducer taken?																						

- **If you have a fever $\geq 101.5^{\circ}\text{F}$ (38.6°C) or have any symptoms of Ebola, call Public Health immediately at (813) 307-8000. Do not leave your home or travel anywhere.**
- If you are sick, limit contact with other household members.
- Avoid using fever-reducing medications (Ibuprofen, Motrin, Aleve, Aspirin, Tylenol, Acetaminophen, Naproxen sodium) during the 21-day monitoring period.
- Morning (AM) and Evening (PM) temperatures must be taken at least 8 hours apart.

Instructions for the Fever Monitoring Chart

- 1.) **Name:** Fill in your First name, Middle Initial, and Last name.
- 2.) **Self-Reported vs. Public Health Observed Checkbox:** If you are fever monitoring yourself, check the “Self-Reporting” box. If Public Health employees are performing fever monitoring for you, check the “Public Health Observed” box.
- 3.) **Date Left Ebola-Impacted Country:** Fill in the date (DD/MM/YY) you left the Ebola-impacted country.
- 4.) **Date Returned to the United States:** Fill in the date (DD/MM/YY) you returned to the United States.
- 5.) **Date:** Fill in the date (DD/MM/YY) you perform your fever and symptom monitoring in the appropriate row and column. “Day 1” = the day you left the Ebola-impacted country. If you did not begin your fever monitoring on “Day 1”, begin recording on the appropriate “Day #” column.
- 6.) **Time of Check:** Fill in the time you perform your AM and PM fever checks in the appropriate row and column.

Recording Temperature and Symptoms

- 7.) **Temperature:** Take your oral temperature in the morning (AM) and in the evening (PM) and record the **numeric value** in degrees Fahrenheit in the appropriate row and column. Morning (AM) and evening (PM) temperatures must be taken at least 8 hours apart.
- 8.) **For all other symptoms, including severe headache, muscle/joint aches, vomiting, diarrhea, stomach pain, bleeding or bruising, and fatigue/weakness:** please mark either “Y” for Yes if you have the symptom or “N” for No if you do not have the symptom. Do not leave any spaces blank.
- 9.) **Fever-Reducer Taken?”** Mark “Y” for Yes if you have taken a fever-reducing medication in the past 12 hours and “N” for No if you have not taken a fever-reducing medication in the past 12 hours. Avoid using fever-reducing medications (Ibuprofen, Motrin, Aleve, Aspirin, Tylenol, Acetaminophen and Naproxen sodium) during the 21-day monitoring period.

If you have a fever $\geq 101.5^{\circ}\text{F}$ (38.6°C) or have any signs or symptoms of Ebola, call Public Health immediately at (813) 307-8000 and do not leave your home or travel anywhere. If you are sick, limit contact with other household members.