Symptom Monitoring Form

Signs and Symptoms:	Date:		Date:		Date:		Date:		Date:	
Record Temperature each time. Indicate "Y" or "N" for all other symptoms.	am	pm	am	pm	am	pm	am	pm	am	pm
Temperature										
Cough										
Sore throat										
Shortness of breath										
Signs and Symptoms:	**Date:**		**Date:**		**Date:**		**Date:**		**Date:**	
Record Temperature each time. Indicate "Y" or "N" for all other symptoms.	am	pm	am	pm	am	pm	am	pm	am	pm
Temperature										
Cough										
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Record Temperature each time. Indicate "Y" or "N" for all other symptoms.	am	pm	am	pm	am	pm	am	pm	am	pm
Temperature										
Cough										
Sore throat										
Shortness of breath										

Name: **Monitoring Start Date:**   **Monitoring End Date:**

EMS Provider ID#:   **Date of Birth:**

EMS Provider: Record your temperature each time you take it, and for other symptoms, indicate "Y" or "N". Submit updated log to your agency contact or their designee no later than 9 am. or 9 pm. each day, whichever best aligns with your work schedule.

Agency Leaders: When your Provider has completed their Symptom Monitoring Log please keep the original copy and notify the PAEMS Office. Please refer to Monitoring Attestation and Symptom Monitoring Process Instruction page for further direction.