

Daily Symptoms Screening Questionnaire for Quarantine:

Day of monitoring	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th
Asymptomatic														
Low grade fever/ Fever														
Chills														
Cough														
Sore throat														
Shortness of breath or difficulty breathing														
Headache														
Body or muscle aches														
Abdominal pain														
Nausea and/or vomiting														
Diarrhea														
New loss of taste and/ or smell														
Congestion or runny nose														
Fatigue/weaknes s														
Other, specify														

This questionnaire is for students/family members who are considered close contacts of a confirmed case and are required to closely monitor their health for 14 days. If symptoms appear during the 14-day quarantine, the National Public Health Organization (EODY) and Health Center need to be informed.