UCSF Student Health and Counseling Services
Student Academic Affairs

Infectious Disease – Coronavirus Symptom Self-Monitoring Form

EMPLOYEE DETAILS

Name: Date of Birth:	Position: Visitor (Yes / No)
Employee ID: Department:	Contact Telephone#: ( ) Email:

SIGNS & SYMPTOMS

- Please complete each line of the symptom columns, twice a day until the self-monitoring end date is reached. Temperature must be assessed twice a day.
- If new symptoms arise, consult with the SHCS Nurse (415.476.8736) for triage, testing recommendations, or return to work guidance.
- At the end of your 14 day self-monitoring period,Please send completed form via secure message to the Student Health Nurse on the MyHealthRecord Student Portal or confidential fax at 415.476.6137.

Date/Time	Temperature (twice daily)	Cough	Sore Throat	Shortness of breath or difficulty breathing	Unexplained muscle aches	Loss of smell or taste	Nasal congestion	Diarrhea	Eye redness+/- discharge	Myalgia / Malaise	Headache	Rash	Unexplained Bleeding/ Bruising	Comments
		(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	(√)	

Signature: _____ Date: _____