

Health Observation Checklist for contacts of patients infected with the novel coronavirus

This is a survey conducted mainly by the local public health center. Tell the person under observation to carefully perform their own health checks and to contact the public health center immediately if any symptoms of concern appear. The health observations should be completed on the 14th day after the date of last contact with the patient.

Contact number:		Name of the person under observation:					Address:					TEL: - -			
Patient name:		Time and date of the last contact with the patient:					Relationship with the patient:					Email: @			
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
Date	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Max. body temp.															
Respiratory symptoms	cough	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	difficulty breathing	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	nasal discharge/congestion	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	sore throat	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
Other Symptoms	nausea/vomiting	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	conjunctival hyperemia	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	headache	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	general malaise	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	arthralgia/myalgia	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	diarrhea	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	disturbed consciousness	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
	convulsions	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	no / yes	
others															
<input checked="" type="checkbox"/> Checked in the Morning/Evening (by tel, interview, or other means)	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	M: () E: ()	
Notes															
Checked by															

Name of Public Health Center

Contact person:

Address:

TEL

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FAX: