

# UCSF News Office

## Infectious Disease Symptom - Self Monitoring Form

### MEDIA DETAILS

Name: _____	
Outlet: _____	
Phone #: _____	Email: _____

### SIGNS & SYMPTOMS

Please complete each line of the symptom columns, twice a day during the self monitoring period. The temperature must be measured twice a day.

Date	Temperature (twice daily)	Myalgia / Malaise / Headache	Rash	Sore Throat / Runny Nose	Short of Breath	Cough	Diarrhea	Vomiting	Comments
		(√)	(√)	(√)	(√)	(√)	(√)	(√)	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_