Self-Monitoring Log

Please complete this form as you are caring for yourself over the next 48 hours.
Monitor your symptoms several times a day as needed.
Please list the name of medications taken and the time you took them.

Patient Name:____ **Date of Birth:** ____________________

Date	Time	Symptoms	Temperature
		☐ Fever or chills ☐ Cough ☐ Shortness of breath ☐ Fatigue ☐ Body aches ☐ Headache ☐ Loss of taste or smell ☐ Sore throat ☐ Congestion or runny nose ☐ Nausea or vomiting ☐ Diarrhea	
		☐ Fever or chills ☐ Cough ☐ Shortness of breath ☐ Fatigue ☐ Body aches ☐ Headache ☐ Loss of taste or smell ☐ Sore throat ☐ Congestion or runny nose ☐ Nausea or vomiting ☐ Diarrhea	
		☐ Fever or chills ☐ Cough ☐ Shortness of breath ☐ Fatigue ☐ Body aches ☐ Headache ☐ Loss of taste or smell ☐ Sore throat ☐ Congestion or runny nose ☐ Nausea or vomiting ☐ Diarrhea	
		☐ Fever or chills ☐ Cough ☐ Shortness of breath ☐ Fatigue ☐ Body aches ☐ Headache ☐ Loss of taste or smell ☐ Sore throat ☐ Congestion or runny nose ☐ Nausea or vomiting ☐ Diarrhea	

Date	Time	Medications Taken

If you are not improving, please take a picture of the completed log and email it to: healthservice@newpaltz.edu
Expect a call from the Student Health Service once you email us the form.

NYS Department of Health COVID-19 Hotline: 888-364-3065