



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Corning Tower      The Governor Nelson A. Rockefeller Empire State Plaza      Albany, New York 12237

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*Commissioner*

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**SEVERE ACUTE RESPIRATORY DISEASE SYNDROME (SARS)/AVIAN INFLUENZA  
DAILY MONITORING LOG OF LABORATORY PERSONNEL**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Since you may have had a laboratory exposure to SARS-CoV or Avian influenza virus, you need to monitor your temperature twice a day and symptoms for the 10 days following your last exposure. Your facility designate will provide you with the exact dates. You have been provided this chart, and a supply of facial masks.

The attached chart is to record your temperature daily and any symptoms, should they occur. **If you develop a fever (greater than 100.4), any respiratory symptoms, or symptoms listed on the chart:**

- **Notify your facility designate immediately.**
- **You will be referred for medical examination.**
- **Before leaving your home or workplace to seek medical attention, place a mask on your face.**

The facility designate will be contacting you daily to monitor your temperature and any symptoms. If you have any questions about monitoring you symptoms, please contact \_\_\_\_\_ at \_\_\_\_\_.

You may wish to enter your health care provider's name and telephone below for easy reference should you become ill.

Health Care Provider: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

MONITORING OF SARS-CoV/AVIAN INFLUENZA LABORATORY PERSONNEL AFTER AN EXPOSURE EVENT OR DEVELOPMENT OF SYMPTOMS

**DAILY MONITORING LOG** (Worker will be asked if they have experienced the following symptoms in the last 24 hours. Indicate “Y” for “Yes” and “N” for “No”.)

DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Medications taken today*	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If yes, list:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Muscle Aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Malaise**	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of Breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore Throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Morning Temperature	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F
Evening Temperature	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F	_____°F
Other Symptoms/ Comments										

\*List “medications taken today.” Be sure to include aspirin, Tylenol, or steroids.

\*\*“Malaise” is described as: general feeling of being unwell, tired, fatigued, low appetite, &/or lack of energy.