

COVID-19 DAILY SYMPTOM MONITORING TOOL

Complete for contact of a confirmed Coronavirus disease 2019 (COVID-19) case

| Details of <u>contact</u> of confirmed case (details of case completed just before instructions) | | | | Details of health official completing this form | | Date completing form | |
|--|--|-------------------------------|---|---|---|----------------------|------------|
| NICD Identifier | Date of contact | DD/MM/YYYY | Place last contact | Surname | Name | DD/MM/YYYY | |
| Surname | Name | | | Role | Facility name | | |
| Date of birth | DD/MM/YYYY | Age (Y) | Sex M <input type="checkbox"/> F <input type="checkbox"/> | Email address | Telephone number | | |
| Healthcare worker | Y <input type="checkbox"/> N <input type="checkbox"/> | If yes, facility name | | Next of kin details | | | |
| Contact number(s) | Email | | | Next of Kin name and surname | Next of Kin contact number | | |
| Physical address | | | | | | | |
| House number | Street | | | Suburb | Town | | |
| District | Province | | | Client traced | Y <input type="checkbox"/> N <input type="checkbox"/> | | |
| Details of <u>confirmed</u> COVID-19 case | | | | | | | |
| Contact type ¹ | Close <input type="checkbox"/> Casual <input type="checkbox"/> | Relation to case ² | | NICD identifier | Surname | DOB | DD/MM/YYYY |

Instructions for completion: Mark “Y” if symptom present and “N” if not. If any symptoms are present collect, contact 082 883 9920 immediately and make immediate arrangements for the collection of a combined nasopharyngeal and oropharyngeal swab. Refer to COVID-19 Quick Guide on the NICD website for additional details. Days post exposure to case.

| DAY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date (DD/MM) | | | | | | | | | | | | | | |
| Measured body temp | | | | | | | | | | | | | | |
| Fever (self-reported) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Chills | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Cough | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Sore throat | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Shortness of breath | <input type="checkbox"/> Y <input type="checkbox"/> N |

¹ Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. Casual contact: Anyone not meeting the definition for a close contact but with possible exposure. ² Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle.