

Symptom and Temperature Monitoring after Exposure to Bird Flu

[LHD Logo and Contact Information]

Name: _____

Phone number: _____

Email: _____

Monitoring start date (for example, date of first interview with public health or date when sick birds were found): _____

Date of last exposure (last date of contact with sick or dead birds): _____

End of monitoring period (10 days after date of last exposure): _____

Date	Temperature (°F)	Symptoms (Check all that apply)				Comments or other symptoms
		☐ Cough	☐ Sore throat	☐ Runny nose	☐ Sneezing	
		☐ Headache	☐ Abdominal pain	☐ Diarrhea	☐ Vomiting	
		☐ Body aches	☐ Eye irritation (red eyes)	☐ Eye discharge	☐ Feeling feverish	
		☐ Cough	☐ Sore throat	☐ Runny nose	☐ Sneezing	
		☐ Headache	☐ Abdominal pain	☐ Diarrhea	☐ Vomiting	
		☐ Body aches	☐ Eye irritation (red eyes)	☐ Eye discharge	☐ Feeling feverish	
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