

Measles Contact Daily Monitoring Form

Name of Contact: _____

Date Monitoring Start (Day 0): _____

Date Monitoring End (Day 21): _____

Instructions: Complete the table daily. Record the oral temperature taken. Indicate **Y** (YES) or **N** (NO) if the individual being monitored exhibits the symptom. Notify DIDE immediately if the individual develops symptom/s.

Date (mm/dd)	DAY	SYMPTOM				
		Oral Temp (°F)	Cough (Y/N)	Coryza or runny nose (Y/N)	Conjunctivitis (Y/N)	Rash (Y/N)
	0					
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					

Fax completed form to DIDE @ (304) 558-8736, Attention: VPD Epidemiologist