Interim Guidance for Persons Isolated at Home, including Healthcare Personnel, with Confirmed Coronavirus Disease 2019 (COVID-19)

This guidance is designed to give you information about in-home isolation, preventing the spread of COVID-19 while you are sick, and when you can return to work or other normal activities.

IN-HOME ISOLATION

What is isolation and what directions should I follow?

Isolation means the separation of a person or group of people known or believed to be infected with a contagious disease. Isolation helps prevent other persons from becoming ill with this disease.

While you are being isolated at home, follow the prevention steps listed below until you meet criteria to discontinue isolation. At that point, you can return to your normal activities. Your local health department may ask you to contact them prior to discontinuing home isolation.

Why am I being asked to isolate at home?

It is very important for you to stay isolated at home to prevent spreading COVID-19 to other people, particularly those persons who are most vulnerable to severe illness or death from this disease. People who are considered at higher risk for serious illness from COVID-19 include: older adults and people with medical issues such as heart disease, diabetes, lung disease, cancer, or a weakened immune system.

How should I monitor my health during this time?

Symptoms of COVID-19 may include subjective or measured fever, cough, difficulty breathing, muscle aches, fatigue, sore throat, headache, runny nose, chills, abdominal pain/discomfort, nausea, vomiting, or diarrhea.

You should monitor your symptoms closely and follow your healthcare provider’s instructions to stay in communication with them. The following steps should be taken if you notice new or worsening symptoms:

- **Seek medical attention**: Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing).
• **Call your doctor:** Before seeking care, call your healthcare provider and tell them that you have COVID-19. If you are instructed to present to the facility for care, request that a mask be made available if you don't already have one.

• **Wear a facemask when sick:** Request a facemask upon arrival at the facility and put on the facemask before you enter the facility. If no facemasks are available, then wear a cloth face covering. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from getting infected or exposed.

**Call 911 if you have a medical emergency:** If you have a medical emergency and need to call 911, notify the dispatch personnel that you have COVID-19. If possible, put on a facemask or cloth face covering before emergency medical services arrive. If you don’t have a facemask, request one from emergency medical services when they arrive.

### DISCONTINUING IN-HOME ISOLATION

**When should I discontinue in-home isolation?**

**If you had symptoms,** take the following steps before you discontinue in-home isolation:

- **Symptoms have resolved. Home isolation may be discontinued** when:
  - At least 3 days (72 hours) have passed since recovery, which is defined as:
    - No longer having a fever (measured when you are not taking fever-reducing medicine like Advil™, Tylenol™, or aspirin) AND
    - Significant improvement of your other symptoms AND
  - At least 10 days have passed since symptoms first appeared

- If your healthcare provider recommends it, you can also use the test-based strategy to determine when you can discontinue in-home isolation. In this strategy, you can discontinue home isolation when you:
  - No longer have a fever (measured when you are not taking fever-reducing medicine like Advil™, Tylenol™, or aspirin) AND
  - Have improvement in respiratory symptoms (e.g., cough, shortness of breath), AND
  - Receive negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).
  - Currently, antibody testing is not sufficient to meet discontinuation from in-home isolation criteria.
Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture. Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

**If you have not had any symptoms**, take the following steps:

- Home isolation may be discontinued when at least ten days have passed since your first positive test result AND you have had no illness since receiving that test result.
- If your healthcare provider recommends it, you can also use the test-based strategy to determine when you can discontinue in-home isolation. In this strategy, you can discontinue in-home isolation when have negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). Currently, antibody testing is not sufficient to meet discontinuation of in-home isolation criteria.

Some people, like those who have conditions that might weaken their immune system, may need a longer time after recovery to minimize the chance of spreading the virus. If you have such a condition, you should talk to your healthcare provider about how and when to discontinue isolation.

**For healthcare personnel (HCP):** See below for more information on returning to work. There may be additional requirements for you to be cleared to return to work at your healthcare facility. Discontinuation of in-home isolation does NOT mean you are cleared to return to work.

**CRITERIA FOR HEALTHCARE PERSONNEL RETURNING TO WORK**

When can I go back to work in my healthcare facility?

**Symptomatic HCP with Confirmed COVID-19:**

- The test-based strategy may be used for determining when symptomatic HCP may return to work in healthcare settings. In this strategy, HCP are excluded from work until:
  - Resolution of fever without the use of fever-reducing medications AND
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), AND
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).
  - Currently, antibody testing is not sufficient to meet return to work criteria for HCP.
Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture. Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

- The *symptom-based* strategy may also be used for determining when symptomatic HCP may return to work in healthcare settings. In this strategy, HCP are excluded from work until:
  - At least 3 days (72 hours) have passed since recovery, which is defined as:
    - No longer having a fever (measured when you are not taking fever-reducing medicine like Advil™, Tylenol™, or aspirin) AND
    - Significant improvement of your other symptoms AND
  - At least 10 days have passed since symptoms first appeared.

**Asymptomatic HCP with Laboratory-Confirmed COVID-19:**

- HCP with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. However, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- HCP with laboratory-confirmed COVID-19 who have not had any symptoms may also use the test-based strategy. In this strategy, HCP are excluded from work until they have negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). Currently, antibody testing is not sufficient to meet return to work criteria for HCP. Processes for returning to work should be discussed with your employer, and you may need additional clearance from isolation by your local health department.

If you were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

**Return to Work Practices and Work Restrictions**

Upon returning to work, healthcare personnel will:

- Wear a facemask at all times while in the healthcare facility until all symptoms have completely resolved. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
o A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.

o Of note, N95 or other respirators with an exhaust valve might not provide source control.

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in the Centers for Disease Control and Prevention’s (CDC’s) interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).

- Self-monitor for symptoms and seek reevaluation from occupational health if respiratory symptoms recur or worsen.

Crisis Strategies to Mitigate Staffing Shortages

Healthcare systems, healthcare facilities, and the appropriate public health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:

- HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above.
- If HCP return to work earlier than recommended above, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above.
- For more information, see the CDC webpage at https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

PREVENTING THE SPREAD OF COVID-19

What steps should I follow to prevent the spread of COVID-19?

If you are sick with COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

STAY HOME EXCEPT TO GET MEDICAL CARE

- **Stay home:** People who are mildly ill with COVID-19 can isolate at home during their illness. You should restrict activities outside your home, except for getting medical care. Avoid public areas.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

SEPARATE YOURSELF FROM OTHER PEOPLE AND ANIMALS IN YOUR HOME
• **Stay away from others:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

• **Limit contact with pets & animals:** You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people, until more information is known about the virus and how it affects other animals.

• When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask or cloth face covering. See the Texas Department of State Health Services (DSHS) COVID-19 webpage for more information at [https://www.dshs.state.tx.us/coronavirus/](https://www.dshs.state.tx.us/coronavirus/).

• Information for household members and caregivers can be found on the DSHS COVID-19 webpage.

**CALL AHEAD BEFORE VISITING YOUR DOCTOR**

• **Call ahead:** If you have a medical appointment, call the healthcare provider and tell them that you have COVID-19. This will help the healthcare provider’s office take steps to keep other people from getting infected or exposed.

**WEAR A FACEMASK IF YOU ARE SICK**

• You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider’s office. If a facemask is not available, then you should wear a cloth face covering.

**COVER YOUR COUGHS AND SNEEZES**

• **Cover:** Cover your mouth and nose with a tissue or the inside of your elbow when you cough or sneeze. Try not to cough or sneeze into your bare hands.

• **Dispose:** Throw used tissues in a lined trash can.

• **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

**CLEAN YOUR HANDS OFTEN**
• **Wash hands:** Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.

• **Hand sanitizer:** If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

• **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.

• **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

• Handwashing tips can be found on the CDC website.

### AVOID SHARING PERSONAL HOUSEHOLD ITEMS

• **Do not share:** You should not share dishes, drinking glasses, cups, eating utensils, toothbrushes, towels, or bedding with other people or pets in your home.

• **Wash thoroughly after use:** After using these items, they should be washed thoroughly with soap and water.

### CLEAN ALL “HIGH-TOUCH” SURFACES EVERY DAY

• **Clean and disinfect:** Routinely clean high-touch surfaces in your room and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
  - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.

• **High-touch surfaces include** phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
  - Clean and disinfect areas that may have blood, stool, or body fluids on them.

• **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most Environmental Protection Agency (EPA)-registered household disinfectants should be effective. A full list of disinfectants can be
This outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people and communities. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.

Everyone reacts differently to stressful situations. The emotional impact of an emergency on a person can depend on the person’s characteristics and experiences, the social and economic circumstances of the person and their community, and the availability of local resources. People can become more distressed if they see repeated images or hear repeated reports about the outbreak in the media.

People who may respond more strongly to the stress of a crisis include:

- People who have preexisting mental health conditions, including problems with substance use
- Children
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders

Coping with these feelings and getting help when you need it will help you, your family, and your community recover from a disaster. Take care of yourself and others in your community and know when and how to seek help. More information on mental health and coping with COVID-19 is available on the CDC website.

Call your healthcare provider if stress reactions interfere with your daily activities for several days in a row.
因潜在暴露于 2019 年冠状病毒病（COVID-19）而被监测的人的临时指南

本指南被设计以帮助您在潜在暴露于 2019 年冠状病毒病（COVID-19）之后的 14 天里密切监测您的健康。这并不意味着您将染上 COVID-19。

您在以下之下：
- 主动监测。见 A 节。
- 有委托监管的自我监测。见 B 节。
- 自我观察。见 C 节。

A. 主动监测

主动监测是什么？我应当遵从什么指示？

主动监测指您的本地卫生部门将至少每天检查您一次以检查您的体温和您可能有的任何症状。您将在附上的《COVID-19 十四天症状监测观察记录》表上记录您的体温和症状。您的活动将被限制。（如果您在医疗机构工作，跟进您的医疗机构以确定基于您的医疗机构的政策您是否有任何进一步限制。）

为什么您被要求检查您的体温和症状 14 天？

在您潜在暴露于 COVID-19 最后一天之后您监测您的健康 14 天对于您来说非常重要，目的是保护您的健康和您周围的人的健康，并且确保在您染病的情况下您得到迅速适当的治疗。十四天是您可能暴露于 COVID-19 的时间和症状可能开始的时间之间的最长估计时间。本地卫生署将通知您何时您的监测期结束。

COVID-19 的体征和症状是什么？

COVID-19 最常见的体征和症状是发烧、咳嗽和呼吸浅短或呼吸困难。得克萨斯州卫生服务局[Texas Department of State Health Services]也在指导个人监测肌肉酸痛、疲劳、咽喉痛、头痛、流鼻涕、发冷、腹痛/腹部不适、恶心、呕吐或腹泻。
这些症状也可能是由流感等很多其他常见疾病导致。如果您出现发烧或上述任何症状，并不一定意味着您染上了 COVID-19，但是您应当跟进您的本地卫生署。

**在此监测期间您应当如何监测您的健康？**

A 本文档包括一份《COVID-19 十四天症状监测观察记录》表，供您记录您的体温和可能症状。可能需要每日将此信息报告给您的本地卫生署。

**监测您的体温和症状的说明：**

- 以数字式体温计用嘴测量您的体温，**一天两次 (间隔至少 6 小时)：**
  - 早上一次
  - 晚上一次
- 每天在《COVID-19 十四天症状监测观察记录》表上写下您的体温，一天两次。
- 如果您忘记测量您的体温，一想起来就立即测量。
- 标记您是否有表里所列的任何症状。
- 在表上注明您是否服用了任何退烧/止痛药(例如阿司匹林、泰勒诺® (对乙酰氨基酚)、扑热息痛、萘普生® (甲氧萘丙酸)、布洛芬® 或艾德维尔® (异丁苯丙酸))以及您服药的原因。在您下一次服用任何上述药物前应当测量您的体温。
- 如果您出现发烧或您有《COVID-19 十四天症状监测观察记录》表上所列的任何症状，立即致电您的本地卫生署，电话号码是：###-###-####。
- 在您的监测期结束时，您将把您的《COVID-19 十四天症状监测观察记录》表发送给您的本地卫生署。

**如果在此监测期间我生病了，我应当做什么？**

**在没有先致电本地卫生署之前不要去诊所或医院。** 如果您不能立即联系到您的本地卫生署，请致电您的医生或定点医院，并且通知他们您因为潜在暴露于 COVID-19 被监测并需要跟进医疗护理和可能的检测。如果您去医疗机构，在您有口罩的情况下，戴上它，并且带上此文档。当您抵达医疗机构时，告诉他们他们应当遵循标准、接触和空气防护措施、使用护目用具、通知感染控制，并且在他们没有意识到状况的情况下联系本地卫生署。
如果您有紧急医疗情况，致电 911，通知他们你因为潜在暴露于 COVID-19 正在被监测。然后，您或另一个人应当致电本地卫生署。

B. 有委托监管的自我监测

有委托监管的自我监测是什么？

有委托监管的自我监测指您将通过一天测量您的体温两次自己监测您自己的发烧情况并且对其他症状保持警惕。您的监测计划将由您的雇主管理。

如果您是客运或货运航班的机组成员，您的职业健康计划或感染控制计划（例如航空公司机组成员）将与您和您的本地卫生署合作协助您进行自我监测。如果您出现症状，他们将提供所需步骤的信息。如果您是湖北省以外的中国大陆的航班机组成员并且临时滞留在美国，您将需要待在您的酒店客房内，并且在美期间限制您在公共场合的活动。

如果您在医疗机构工作：在工作日，您将需要每天检查您的体温至少三次：离开家去工作前，抵达工作单位后但是在开始工作前，下班回家后。对 COVID-19 的症状保持警惕。如果您出现发烧或 COVID-19 的症状，您不口去上班，并且应当立即向您的职业健康或感染预防计划联系人报告发烧或其他症状。在非工作日，您将需要每天检查您的体温两次（早上和晚上）。您将需要在监测期的每一天做这些体温和症状检查。

为什么您被要求检查您的体温和症状 14 天？

在您潜在暴露于 COVID-19 最后一天之后您监测您的健康 14 天对于您来说非常重要，目的是保护您的健康和您周围的人的健康，并且确保在您染病的情况下您得到迅速适当的治疗。十四天是您可能暴露于 COVID-19 的时间和症状可能开始的时间之间的最长估计时间。本地卫生署将通知您何时您的监测期结束。
COVID-19 的体征和症状是什么？

COVID-19 最常见的体征和症状是发烧、咳嗽和呼吸浅短或呼吸困难。得克萨斯州卫生服务局 [Texas Department of State Health Services] 也在指导个人监测肌肉酸痛、疲劳、咽喉痛、头痛、流鼻涕、发冷、腹痛/腹部不适、恶心、呕吐或腹泻。这些症状也可能是由流感等很多其他常见疾病导致。如果您出现发烧或上述任何症状，并不一定意味着您染上了 COVID-19，但是您应当跟进您的本地卫生署。

在此监测期期间您应当如何监测您的健康？

A 本文档包括一份《COVID-19 十四天症状监测观察记录》表，供您记录您的体温和可能症状。可能需要每日将此信息报告给您的本地卫生署。

监测您的体温和症状的说明：

- 以数字式体温计用嘴测量您的体温，一天 2 次（间隔至少 6 小时）：
  - 早上一次
  - 晚上一次
- 每天在《COVID-19 十四天症状监测观察记录》表上写下您的体温，一天两次。
- 如果您忘记测量您的体温，一想起来就立即测量。
- 标记您是否有表里所列的任何症状。
- 在表上注明您是否服用了任何退烧/止痛药 [例如阿司匹林、泰勒诺® (对乙酰氨基酚)、扑热息痛、萘普生® (甲氧萘丙酸)、布洛芬® 或艾德维尔® (异丁苯丙酸)] 以及您服药的原因。在您下一次服用任何上述药物前应当测量您的体温。
- 如果您出现发烧或您有《COVID-19 十四天症状监测观察记录》表上所列的任何症状，立即致电您的本地卫生署，电话号码是：###-###-####。
- 在您的监测期结束时，您将把您的《COVID-19 十四天症状监测观察记录》表发送给您的本地卫生署。

如果在此监测期间我生病了，我应当做什么？

在没有先致电本地卫生署之前不要去诊所或医院。如果您不能立即联系到您的本地卫生署，请致电您的医生或定点医院，并且通知他们您因为潜在暴露于 COVID-19 被监测并需要跟进医疗护理和可能的检测。如果您去医疗机构，在您有口罩的情况下，戴上它，并且带上此文档。
当您抵达医疗机构时，告诉他们他们应当遵循标准、接触和空气防护措施、使用护目用具、通知感染控制，并且在他们没有意识到状况的情况下联系本地卫生署。

如果您有紧急医疗情况，致电 911，通知他们你因为潜在暴露于 COVID-19 正在被监测。然后，您或另一个人应当致电本地卫生署。

C. 自我观察

自我观察是什么？

自我观察指您应当对症状保持警惕。您的本地卫生署将在您的自我观察的第一天和最后一天联系您。如果您在自我观察期间感到发烧或出现任何症状，您应当测量您的体温，限制您与他人的接触，通过电话向医疗服务提供者和您的本地卫生署需求健康建议以确定是否需要医学鉴定。如果您在自我观察下，您没有限制。

COVID-19 的体征和症状是什么？

COVID-19 最常见的体征和症状是发烧、咳嗽和呼吸浅短或呼吸困难。得克萨斯州卫生服务局 [Texas Department of State Health Services] 也在指导个人监测肌肉酸痛、疲劳、咽喉痛、头痛、流鼻涕、发冷、腹痛/腹部不适、恶心、呕吐或腹泻。这些症状也可能是由流感等很多其他常见疾病导致。如果您出现发烧或上述任何症状，并不一定意味着您染上了 COVID-19，但是您应当跟进您的本地卫生署。

如果我生病了，我应当做什么？

在没有先致电本地卫生署之前不要去诊所或医院。如果您不能立即联系到您的本地卫生署，请致电您的医生或定点医院，并且通知他们您因为潜在暴露于 COVID-19 被监测并需要跟进医疗护理和可能的检测。如果您去医疗机构，在您有口罩的情况下，戴上它，并且带上此文档。当您抵达医疗机构时，告诉他们他们应当遵循标准、接触和空气防护措施、使用护目用具、通知感染控制，并且在他们没有意识到状况的情况下联系本地卫生署。
如果您有紧急医疗情况，致电 911，通知他们你因为潜在暴露于 COVID-19 正在被监测。然后，您或另一个人应当致电本地卫生署
COVID-19十四天症状监测观察记录 - 第1-7天

姓名：________________________

说明：本地卫生署将帮助您确定您的监测期的日期和持续时间。一天测量您的体温两次，在早上和晚上，并且写下它。标记您是否有以下的症状：是则圈“是”，否则圈“否”。不要留下任何空白。如果您出现发烧或任何症状，立即致电本地卫生署，电话号码：XXX-XXX-XXXX。

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1例如阿司匹林、泰勒诺® (对乙酰氨基酚)、扑热息痛、萘普生® (甲氧萘丙酸)、布洛芬® 或艾德维尔® (异丁苯丙酸)。
COVID-19十四天症状监测观察记录 – 第8-14天

姓名：__________________________

说明：本地卫生署将帮助您确定您的监测期的日期和持续时间。一天测量您的体温两次，在早上和晚上，并且写下它。标记您是否有以下的症状：是则圈“是”，否则圈“否”。不要留下任何空白。如果您出疗发烧或任何症状，立即致电本地卫生署，电话号码：XXX-XXX-XXXX。

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