CITY OF NASHUA
Division of Public Health
& Community Services
18 MULBERRY STREET • NASHUA, NH • 03060

PUBLIC HEALTH MONITORING LOG

Instructions: For use by the person under public health monitoring. Use this form to log your daily temperatures and all daily activities outside of your home (work, grocery store, gym, visit to family, etc.). Please also track any visitors to your home. For more information or any questions, please call the Nashua Division of Public Health and Community Services at 603.589.4500.

FIRST NAME:_____LAST NAME:_____DOB: ___/____/_____

1. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

   Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

   Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

   Visitors/Activities/Notes: ___ _____

   _____

2. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

   Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

   Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

   Visitors/Activities/Notes:_____

   _____

3. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

   Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

   Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Patient Initials:_____

Visitors/Activities/Notes:_____

_____

4. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

5. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

6. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

7. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Patient Initials:_____

Visitors/Activities/Notes:_____

_____

8. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

9. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

10. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

11. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No

Other:	

Visitors/Activities/Notes:_____

_____

12. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

    Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

    Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

13. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

    Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

    Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____

14. Temp 1 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

    Temp 2 Date/Time: ____/_____/_____ @_____:_____ AM / PM Temp:_____

    Symptoms check:

Fever	☐ Yes ☐ No	Vomiting	☐ Yes ☐ No
Cough	☐ Yes ☐ No	Diarrhea	☐ Yes ☐ No
Sore throat	☐ Yes ☐ No	Abdominal pain	☐ Yes ☐ No
Shortness of breath	☐ Yes ☐ No	Muscle pain	☐ Yes ☐ No
Other:			

Visitors/Activities/Notes:_____

_____