St. Mary's County Health Department
www.smchd.org

21 Day Temperature & Symptom Diary for possible Ebola-exposed persons

INSTRUCTIONS

Use this diary if your health care professional thinks you may have in the past 21 days: had possible exposure to Ebola virus or have visited a country currently with an Ebola virus outbreak. Early detection of fever or other symptoms of Ebola Virus Disease can allow for life-saving health care services. This temperature and symptom diary will help public health officials tell if you are developing symptoms of Ebola Virus Disease. A Health Department nurse should be checking in with you every day – please make sure by calling (301) 475-4330.

1. Use this Diary at least twice a day for 21 days after your last possible exposure to Ebola virus. Check any symptoms that you may be experiencing daily, and record your body temperature twice per day (morning and night).

2. Take your temperature ***before*** you take any fever-reducing medicines (such as Tylenol, Advil or Aspirin)

3. If you notice any symptoms or have a body temperature of 100.4°F or higher, **IMMEDIATELY** notify the St. Mary's County Health Department at 301-475-4330 (business hours) or 301-475-8016 (after hours/weekend). You should also seek care at a hospital emergency department by calling 9-1-1 (as needed) or transporting yourself to the emergency department.

- If you are going directly to the emergency department, please call ahead and let the emergency department know that you might be at risk for Ebola. For MedStar St. Mary's Hospital, you can call (301) 475-8981.
- If you call 9-1-1, make sure to tell the dispatcher that you might be at risk for Ebola.
- If you have any fever or symptoms, **do not** use public transportation (such as planes, boats, buses, or trains)

For more information about Ebola Virus Disease, visit www.cdc.gov/ebola and www.smchd.org/ebola. Contact the Health Department with any questions you have – (301) 475-4330.

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rev 10-20-14

Day 1: ____/____/____	Day 2: ____/____/____	Day 3: ____/____/____	Day 4: ____/____/____	Day 5: ____/____/____	Day 6: ____/____/____	Day 7: ____/____/____
Do you feel/have: ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising
Record your body's temperature twice a day AM:__________°F PM: __________°F	**Record your body's temperature twice a day** AM:__________°F PM: __________°F	**Record your body's temperature twice a day** AM:__________°F PM: __________°F	**Record your body's temperature twice a day** AM:__________°F PM: __________°F	**Record your body's temperature twice a day** AM:__________°F PM: __________°F	**Record your body's temperature twice a day** AM:__________°F PM: __________°F	**Record your body's temperature twice a day** AM:__________°F PM: __________°F

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Day 8: ____/____/____	Day 9: ____/____/____	Day 10: ____/____/____	Day 11: ____/____/____	Day 12: ____/____/____	Day 13: ____/____/____	Day 14: ____/____/____
Do you feel/have: ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising	**Do you feel/have:** ☐ Fever ☐ Headache ☐ Weakness ☐ Muscle pain ☐ Vomiting or Nausea ☐ Diarrhea ☐ Abdominal (stomach) pain ☐ Unexplained bleeding or bruising
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Day 15: ____/____/____	Day 16: ____/____/____	Day 17: ____/____/____	Day 18: ____/____/____	Day 19: ____/____/____	Day 20: ____/____/____	Day 21: ____/____/____
Do you feel/have:	**Do you feel/have:**	**Do you feel/have:**	**Do you feel/have:**	**Do you feel/have:**	**Do you feel/have:**	**Do you feel/have:**
☐ Fever	☐ Fever	☐ Fever	☐ Fever	☐ Fever	☐ Fever	☐ Fever
☐ Headache	☐ Headache	☐ Headache	☐ Headache	☐ Headache	☐ Headache	☐ Headache
☐ Weakness	☐ Weakness	☐ Weakness	☐ Weakness	☐ Weakness	☐ Weakness	☐ Weakness
☐ Muscle pain	☐ Muscle pain	☐ Muscle pain	☐ Muscle pain	☐ Muscle pain	☐ Muscle pain	☐ Muscle pain
☐ Vomiting or Nausea	☐ Vomiting or Nausea	☐ Vomiting or Nausea	☐ Vomiting or Nausea	☐ Vomiting or Nausea	☐ Vomiting or Nausea	☐ Vomiting or Nausea
☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea	☐ Diarrhea
☐ Abdominal (stomach) pain	☐ Abdominal (stomach) pain	☐ Abdominal (stomach) pain	☐ Abdominal (stomach) pain	☐ Abdominal (stomach) pain	☐ Abdominal (stomach) pain	☐ Abdominal (stomach) pain
☐ Unexplained bleeding or bruising	☐ Unexplained bleeding or bruising	☐ Unexplained bleeding or bruising	☐ Unexplained bleeding or bruising	☐ Unexplained bleeding or bruising	☐ Unexplained bleeding or bruising	☐ Unexplained bleeding or bruising
Record your body's temperature twice a day	**Record your body's temperature twice a day**	**Record your body's temperature twice a day**	**Record your body's temperature twice a day**	**Record your body's temperature twice a day**	**Record your body's temperature twice a day**	**Record your body's temperature twice a day**
AM:_____°F	AM:_____°F	AM:_____°F	AM:_____°F	AM:_____°F	AM:_____°F	AM:_____°F
PM: _____°F	PM: _____°F	PM: _____°F	PM: _____°F	PM: _____°F	PM: _____°F	PM: _____°F

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