



EBOLA SYMPTOM CARD AND 21-DAY TRACKING LOG

Adapted from CDC CARE Kit

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Name: _____

If you have any of these symptoms during the next 21 days, call the **Los Angeles County Public Health Nurse** at _____ or after-hours at **213-250-8522**.

Remember: Check symptoms and report early! Getting care early is your best chance to get better.

FEVER

STOMACH PAIN

DIARRHEA OR RUNNING STOMACH

VOMITING

BLEEDING: RED EYES

MUSCLE PAIN

HEADACHE

BLEEDING: BLOODY NOSE

FEELING WEAK OR TIRED

 U.S. Department of Health and Human Services
Control and Prevention

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Daily Body Symptoms and Temperature Check

Week #1

Date you arrived in United States: / / OR

Date of last exposure: / /

Use this form to record your temperature and symptoms every morning and every night. If your temperature is **99.5°F** or **37.5°C** or above **OR** if you have any of the symptoms listed on the symptom card, please call the **Los Angeles County Public Health Nurse** at _____ **or after-hours at 213-250-8522.**

DAY 1 DD/MM/YYYY	SYMPTOMS		TEMP°
	MORNING		MORNING
	EVENING		EVENING

DAY 5 DD/MM/YYYY	SYMPTOMS		TEMP°
	MORNING		MORNING
	EVENING		EVENING

DAY 2 DD/MM/YYYY	SYMPTOMS		TEMP°
	MORNING		MORNING
	EVENING		EVENING

DAY 6 DD/MM/YYYY	SYMPTOMS		TEMP°
	MORNING		MORNING
	EVENING		EVENING

DAY 3 DD/MM/YYYY	SYMPTOMS		TEMP°
	MORNING		MORNING
	EVENING		EVENING



DAY 7 DD/MM/YYYY	SYMPTOMS		TEMP°
	MORNING		MORNING
	EVENING		EVENING



DAY 4 DD/MM/YYYY	SYMPTOMS		TEMP°
	MORNING		MORNING
	EVENING		EVENING



Daily Body Symptoms and Temperature Check



Week #2



Use this form to record your temperature and symptoms every morning and every night. If your temperature is **99.5°F** or **37.5°C** or above **OR** if you have any of the symptoms listed on the symptom card, please call the **Los Angeles County Public Health Nurse** at _____ **or after-hours at 213-250-8522.**



DAY 8 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



DAY 12 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 9 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 13 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 10 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



DAY 14 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



DAY 11 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS	TEMP°
	<small>MORNING</small> 	<small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>



Daily Body Symptoms and Temperature Check



Week #3



Use this form to record your temperature and symptoms every morning and every night. If your temperature is **99.5°F** or **37.5°C** or above **OR** if you have any of the symptoms listed on the symptom card, please call the **Los Angeles County Public Health Nurse** at _____ **or after-hours at 213-250-8522.**



DAY 15 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS <small>MORNING</small> 	TEMP° <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 19 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS <small>MORNING</small> 	TEMP° <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 16 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS <small>MORNING</small> 	TEMP° <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 20 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS <small>MORNING</small> 	TEMP° <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 17 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS <small>MORNING</small> 	TEMP° <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 21 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS <small>MORNING</small> 	TEMP° <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

DAY 18 <small>DD / MM / YYYY</small> <input type="text"/>	SYMPTOMS <small>MORNING</small> 	TEMP° <small>MORNING</small>
	<small>EVENING</small> 	<small>EVENING</small>

Your monitoring period is over and you are clear for Ebola.