

SELF-MONITORING FOR SYMPTOMS OF COVID-19

VISITS BY SIGNIFICANT CAREGIVERS DURING COVID-19

You have taken all necessary steps to be able to visit your family member at an intermediate resource (IR), family-type resource (FTR), or private seniors' residence (PSR). As such, you have agreed to follow the guidelines in order to avoid spreading COVID-19. As a preventive measure, **you must self-monitor for any symptoms of COVID-19, even if you tested negative for the virus.**

Information about the infection

The main symptoms of coronavirus (COVID-19) are fever, cough and, in some cases, difficulty breathing. The symptoms can be mild (similar to a cold) or more severe (such as those associated with pneumonia). A sudden loss of smell without nasal congestion, and with or without loss of taste, may also occur. Coronaviruses are spread by an infected person in the following ways:

- Respiratory droplets generated by coughing or sneezing;
- Direct contact (e.g., shaking hands with the infected person);
- Contact with surfaces contaminated with the sick person's respiratory secretions.

Symptom monitoring

We ask that you monitor your health condition throughout the period you will be visiting your family member at an IR, FTR or PSR. During this time, pay close attention to:

- Fever (starting at 38.0°C, or 100.4°F, orally); take your temperature twice a day, ideally at the same time, in the morning and evening. If you take a fever-lowering medication, wait at least four hours before taking your temperature;
- Recent cough or worsening of a chronic cough, or difficulty breathing;
- Feeling feverish/chills;
- Fatigue or generalized weakness, aches and pains, sore throat;
- Sudden loss of smell or taste, runny nose;
- Write down your temperature and other symptoms, where applicable, in the chart on the reverse.

Do not visit the residence if you are symptomatic.

If you develop symptoms, even mild (fever, cough or difficulty breathing, sore throat, loss of smell or taste), inform the person in charge of the residence immediately.

You will need to be tested.

Symptom self-monitoring chart

Name: _____

Date	Time	T°	Cough (yes or no)	Difficulty breathing (yes or no)	Other symptoms (description)
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
Day 8					
Day 9					
Day 10					
Day 11					
Day 12					
Day 13					
Day 14					