



Infectious Disease – Coronavirus Symptom Self-Monitoring Form

Student / Staff Details

Name: _____ Date of Birth: _____

Student ID: _____ Campus: _____

Program: _____ Year: _____

Phone: _____ Email: _____

Please complete each line of the symptom columns, twice daily until the self-monitoring end date is reached. Per CDC guidelines, temperature must be measured twice a day. Report any temperature above 100.4 F / 38.0 C or persistent symptoms immediately to your local healthcare service listed below.

Health Clinic: (530) 999-9950
COVID-19 Call Center: (877) 409-9052
Lodges: (530) 938-5237

Date	Temperature (twice daily)	Temperature (twice daily)	Myalgia / Malaise	Headache	Chills	Sore Throat / Runny Nose	Short of Breath	Cough	Vomiting	Diarrhea	Stomach Pain	Unexplained Bleeding /	Comments
			(v)	(v)	(v)	(v)	(v)	(v)	(v)	(v)	(v)	(v)	

Signature: _____ Date: _____

Please send completed form to lodges@siskiyous.edu

Adopted from CDC and UC San Francisco