

## EVD Symptom Monitoring Log

Name   
 Address

Age (yrs.)   
 City

Sex   
 Telephone

Date of last contact with the case (mm/dd/yyyy)

Date traveler last in affected area (mm/dd/yyyy)

Day number (after last contact/last in affected area)	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21	
Date																																										
Time AM																																										
Temperature AM																																										
Time PM																																										
Temperature PM																																										
	AM	PM																																								
Vomiting																																										
Diarrhea																																										
Unexplained bleeding <sup>1</sup>																																										
Headache																																										
Muscle aches																																										
Abdominal pain																																										
Weakness																																										
Other																																										
Fever/Pain Reducers <sup>2</sup>																																										

**1: Unexplained bleeding means bleeding from your mouth or nose, bloody diarrhea, or coughing up blood, or bruising under the skin**  
**2: Aspirin, Tylenol (acetaminophen), or Motrin (ibuprofen). If yes, please indicate in Additional Notes Section.**

**Enter Date and Any Additional Notes:**