**Covid-19‌ ‌Symptom‌ ‌Tracker‌ ‌for‌ ‌Quarantine‌ ‌**

To‌ ‌best‌ ‌decrease‌ ‌the‌ ‌risk‌ ‌of‌ ‌transmission‌ ‌after‌ ‌exposure‌ ‌and‌ ‌help‌ ‌reduce‌ ‌our‌ ‌rates‌ ‌of‌ ‌COVID-19‌ ‌in‌ ‌the‌ ‌community,‌ ‌we‌ ‌recommend‌ ‌you‌ ‌quarantine‌ ‌for‌ ‌a‌ ‌full‌ ‌14‌ ‌days‌ ‌after‌ ‌exposure.‌ ‌However,‌ ‌if‌ ‌a‌ ‌14‌ ‌day‌ ‌quarantine‌ ‌is‌ ‌too‌ ‌difficult‌ ‌(for‌ ‌example,‌ ‌is‌ ‌financially‌ ‌difficult‌ ‌or‌ ‌for‌ ‌child‌ ‌care‌ ‌reasons),‌ ‌ending‌ ‌the‌ ‌quarantine‌ ‌early‌ ‌is‌ ‌an‌ ‌option‌ ‌with‌ ‌the‌ ‌guidelines‌ ‌provided‌ ‌below.‌ ‌

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**DAY‌ ‌1:‌ ‌Day‌ ‌after‌ ‌exposure‌ ‌**

**DAY‌ ‌5:‌ ‌First‌ ‌day‌ ‌for‌ ‌testing‌ ‌IF‌ ‌NO‌ ‌SYMPTOMS‌ ‌‌**(can‌ ‌be‌ ‌rapid‌ ‌antigen‌ ‌test‌ ‌or‌ ‌PCR‌ ‌test‌ ‌but‌ ‌PCR‌ ‌is‌ ‌best)‌ ‌

**DAY‌ ‌7:‌ ‌OPTION‌ ‌to‌ ‌stop‌ ‌quarantine‌ ‌IF‌ ‌NO‌ ‌SYMPTOMS‌ ‌AND‌ ‌TEST‌ ‌RESULT‌ ‌IS‌ ‌NEGATIVE‌ ‌**

**DAY‌ ‌10:‌ ‌OPTION‌ ‌to‌ ‌stop‌ ‌quarantine‌ ‌IF‌ ‌NO‌ ‌SYMPTOMS‌ ‌**

**DAY‌ ‌14:‌ ‌RECOMMENDED‌ ‌last‌ ‌day‌ ‌of‌ ‌quarantine‌** ‌

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ‌ ‌ ‌ | **Day‌ ‌1‌ ‌** | Day‌ ‌2‌ ‌ | Day‌ ‌3‌ ‌ | Day‌ ‌4‌ ‌ | **Day‌ ‌5‌ ‌** | Day‌ ‌6‌ ‌ | **Day‌ ‌7‌ ‌** | Day‌ ‌8‌ ‌ | Day‌ ‌9‌ ‌ | **Day‌ ‌10‌ ‌** | Day11‌ ‌ | Day‌ ‌  12‌ ‌ | Day‌ ‌  13‌ ‌ | **Day‌ ‌14‌ ‌** |
| **DATE‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Fever‌ ‌or‌ ‌Chills‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Cough‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Difficulty‌ ‌Breathing‌**  **Or‌ ‌Shortness‌ ‌of‌ ‌**  **Breath‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Fatigue‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Muscle/Body‌ ‌Aches‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Headache‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Dizziness/Vertigo‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Loss‌ ‌of‌ ‌smell/‌ ‌taste‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Sore‌ ‌throat‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **New‌ ‌congestion,‌ ‌**  **runny‌ ‌nose‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Nausea/Vomiting‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Diarrhea‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |
| **Toe‌ ‌Discoloration‌ ‌** | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ | ‌ |