

APPENDIX D
San Francisco Department of Public Health
AVIAN INFLUENZA A (H5N1) INFECTION CONTROL RECOMMENDATIONS
SELF MONITORING LOG SHEET for HEALTHCARE WORKERS

NAME: _____ Institution/Facility: _____

DOB: _____ Institution/Facility 24 Hour Contact Number to report symptoms: _____

Date of FIRST EXPOSURE: _____ First Day of Monitoring (1 day after first exposure): _____

DATE OF LAST EXPOSURE: _____ Last Day of Monitoring (Date of last exposure plus 10 days): _____

Table with 7 columns: DATE, DAY SINCE LAST EXPOSURE, TEMPERATURE (check daily prior to going to work) (subdivided into TIME and TEMP in Degrees), COUGH (Yes/No), Sore Throat (Yes/No), SHORTNESS OF BREATH (Yes/No), and NOTES/COMMENTS. The table contains 12 empty rows for data entry.

Notes:

- 1. If you develop any of the above symptoms while working, contact your supervisor and call the 24 Hour Contact Number to report symptoms.
2. If you develop any of the above symptoms while not working, contact your medical provider and call the 24 Hour Contact Number to report symptoms. Do NOT report to work until cleared by your medical provider.
3. If no symptoms develop by the last day of monitoring, please return this sheet to your 24 Hour Contact. The 24 Hour Contact should notify the SF Department of Public Health, Communicable Disease Control Unit at (415)554-2830, fax (415) 554-2848 immediately about any reported symptoms and at the end of the monitoring period.
4. This form may be reproduced or it can be downloaded at: www.sfcdcp.com/index.cfm?id=61