



Republic of the Philippines
Department of Health
Eastern Visayas
Center for Health Development



Signs/Symptom Diary: Please check accordingly:

| Day | Date | No symptoms | SIGNS/SYMPTOMS | | | | | | | | | | | |
|-----|------|-------------|---------------------------------|-------------|--------------------------------------|------------------------|---|----------|----------|----------------|----------|-------------|-----|----|
| | | | Fever $\geq 38^{\circ}\text{C}$ | Sore Throat | Cough (Dry/Productive pls. indicate) | nasal congestion/colds | Shortness of Breath ($\geq 30/\text{minute}$) | Vomiting | Diarrhea | Fatigue/Chills | Headache | Joint Pains | | |
| 0 | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | |

Final Disposition: _____

Cleared as no symptoms noted within the 14-day observation period: _____

Based on WHO Triage for Triage of Patient: Decision Tool as of March 11, 2020

1 Patient Under Monitoring (PUM) in **STRICT HOME QUARANTINE**:

2 Patient Under Investigation (PU) in **STRICT HOME ISOLATION**:

- Person with history of travel from areas with local transmission
- Mild manifestations, non-elderly.

If patient under monitoring or patient under investigation in Strict Home Isolation develop shortness of breathing or difficulty of breathing (respiration $\geq 30/\text{minute}$) and fever, please inform immediately any of the contacts below for referral to local health facilities and further medical evaluation. LGU is expected to transport the patient to the nearest health facility.

| | | | | | |
|--------------------|--|----------------|--|----------------|--|
| Barangay Chairman: | | Health Worker: | | MHO/CHO: | |
| Contact Number | | Contact Number | | Contact Number | |



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Instructions:

1. Avoid personal social interaction for 14 days.
2. Self-monitoring for any influenza-like symptoms for the entire duration of home quarantine.
3. Wear medical mask at all times in the presence of everyone.
4. Cover mouth and nose when coughing or sneezing. Use tissue or sneeze into your shirt. Throw tissue immediately in the trashcan.
5. Wash hands frequently especially after coughing or sneezing.
6. Avoid shake hands, kissing, hugging or laying hands with anyone.
7. Refrain from sharing personal items like towels, toothbrush, drinking glasses, cutlery or thermometers.
8. Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilet, phones, keyboards, and tablets, every day.
9. Ensure adequate ventilation in all areas of the house.
10. Isolate self from persons who might be at a greater risk for acquiring and getting complications from the disease (elderly, young children, persons with weak immune system);
11. Minimize travelling and engaging in public activities;
12. Take and record temperature twice daily using the Home Monitoring Sheet;
13. 24/7 Emergency numbers to call in case of developing any influenza like symptoms.

BHERT MONITORING CHECKLIST

| | | | | | |
|---|---|--|---|---|------------------------|
| Name: | Age: | Sex: | Nationality: | | Contact Number: |
| Complete Address: | No. of persons in the household: | Other health conditions: Please check | Hypertension <input type="checkbox"/> | Asthma <input type="checkbox"/> | Others: please specify |
| | | | Diabetes <input type="checkbox"/> | Chronic Kidney Disease <input type="checkbox"/> | |
| History of travel: | Date returned to Philippines: | Date returned to specific province/municipality & Residence: | | | |
| History of exposure to a confirmed COVID-19 patient (Y/N) | Date of last exposure to confirmed COVID-19 patients: | Nature of contact: Casual/Close | History of Exposure within 14 days: <ul style="list-style-type: none">o Providing direct care for COVID-19 patiento Working together or studying in the same close environmento Travelling together with COVID-19 patient in any kind of conveyanceo Living in the same household of COVID-19 patient. | | |