



Biloxi Public Schools Close Contact Daily Monitoring Log

COVID Symptoms Daily Monitoring Log.

The following symptoms should be monitored and reported daily:

- Fever (equal to or higher than 100 degrees), OR feeling feverish (chills, sweating).
- New cough
- Difficulty breathing, shortness of breath
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- New loss of taste or smell
- Headache
- Any other new onset of unexplained symptoms

Monitoring must begin on Day 1 and continue for 14 days. Negative test results do not remove the requirement for daily monitoring.

Student Name: _____

Date Quarantine Begins: _____

By signing below I acknowledge that all information recorded on this document is accurate.

Parent signature

Date

If returning after 7 days of quarantine, this form must be returned to the school nurse with a **negative PCR COVID test (rapid antigen tests are not acceptable)**. Continue monitoring through day 14 and return an updated form to the school nurse. A full 14 days of monitoring is recommended by the Mississippi Department of Health, regardless of test results.

If returning after 10 days of quarantine, this form must be returned to the school nurse after Day 10. Continue monitoring through day 14 and return an updated form to the school nurse.



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Student Name: _____

Day 1:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 2:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 3:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 4:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 5:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 6:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 7:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:



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Student Name: _____

Day 8:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 9:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 10:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 11:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 12:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 13:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:

Day 14:

Temp: Morning _____ Afternoon _____

Did you (the student) experience any symptoms listed above Yes No

If you answered yes, please list the symptoms you (the student) are experiencing:
