

What should I do if someone in my home is sick from COVID-19?

If someone in your home is sick from COVID-19, you should follow these recommendations for **14 days from the date of your last contact** with the infected individual. To protect yourself, your family, and your community, you should practice **self-quarantine** and **self-monitoring**.

Self-Quarantine



Stay home (or other location where you can be isolated from others). This means do not go to work, school, or public areas. If you need medical care, it is important you follow the instructions below.



Separate yourself from other people and animals in your home. As much as possible, you should stay in a specific room and away from other people in your home. If possible, you should use a separate bathroom.



Avoid sharing personal household items. You should not share dishes, drinking glasses, eating utensils, towels, or bedding with other people in your home. After using these items, they should be washed thoroughly with soap and water.



Wash your hands often and practice good hygiene.



Postpone all non-essential medical appointments until you are out of quarantine. If you have an essential appointment during the quarantine, talk to your doctor about how to arrange this.

Self-Monitoring



If you have a thermometer, measure your temperature twice a day, once in the morning and once at night. Otherwise watch for symptoms of fever like feeling hot, chills or sweats.



Watch for **cough** or **difficulty breathing**.



Stay in touch with your local health department. They may request that you provide information about how you are feeling. They will tell you how to provide this information (for example, phone calls, emails, text message) and how often.

If you develop fever, cough, have difficulty breathing, or need medical care:

1. **Contact your doctor** to report your symptoms and see if you need medical care. Do not go to your doctor's office without contacting them first.
2. **Stay home** unless you need emergency medical attention. Isolate yourself from others in your home, practice good hand hygiene, sanitize surfaces in your home, and wear a facemask if you need to be around other people.

If you need emergency medical attention, call 911 and let them know that you are being monitored for novel coronavirus.

BUREAU OF COMMUNICABLE DISEASES

www.dhs.wisconsin.gov/dph/bcd.htm | DHSDPHBCD@dhs.wi.gov

Wisconsin Department of Health Services | Division of Public Health



14-day Fever and Symptom Tracker for Individuals living with someone who has COVID-19

Name		Age (years)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City	State	Your Telephone Number
Local Health Department		Telephone Number – Daytime	Telephone Number – After hours

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day.

Do not leave any spaces blank. If you have a fever or any symptom, immediately call your doctor.

Date (month/day) (Days 1-14)	Feverish?	Temperature Morning (a.m.)	Temperature Evening (p.m.)	Cough	Sore Throat	Shortness of Breath	Other Symptoms
1	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
2	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
3	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
4	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
5	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
6	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
7	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
8	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
9	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
10	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
11	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
12	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
13	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
14	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	