

What should I do if I had close contact with someone who has COVID-19?

If you had contact with someone who was infected with 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 **limited self-quarantine** and **self-monitoring**.

Limited Self-Quarantine



Stay home as much as possible.



Most people should not go to work if their work involves contact with other people. Talk with your employer about working remotely if your employer allows it. Health care workers should contact their employee health for the current policy.



Do not use public transportation, ride-sharing, or taxis.



Avoid travel. If travel is absolutely necessary, and you become ill, you may not be able to return home until after you recover. When you get home, you will be asked to continue self-quarantine and self-monitoring for 14 days.



Wash your hands often and practice good hygiene.



Go out only for essentials. Limit your travel to essential needs, for example, going to the doctor, getting groceries, or picking up medication.



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 during your quarantine.

You may also consider the following recommendations:



Minimize contact with others in your home (stay in your own room and, when possible, use your own bathroom) and **avoid sharing personal household items** such as dishes, towels, and bedding.

Self-Monitoring



Measure your temperature twice a day, once in the morning and one at night. Otherwise watch for symptoms of fever like feeling hot, chills or sweats.



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



Respond to 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 who had close contact with someone who had 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	