Daily Monitoring Form

Patient information	
Patient name: Sarah Marie Donovan	**Date of birth:** August 12, 1985
Contact information: (555) 678-1234	**Sex:**
Address: Female	
Date: January 21, 2025	**Body temperature:** 100.4°F
Reason for visit:	
Persistent cough and low-grade fever lasting three days. Reports recent exposure to a coworker with confirmed flu.	

Symptoms (Check all that apply)	
☑ Fever	☑ Sore throat
☑ Cough	☑ Headache
☐ Shortness of breath	☐ Nausea or vomiting
☑ Fatigue	☐ Diarrhea
☑ Muscle or body aches	☐ Other (Please specify):
☐ Loss of taste or smell	

Have you been exposed to a communicable disease? ◉ Yes ○ No	If yes, provide details:
Location: Workplace, Springfield Tech Solutions	**Date of exposure:** January 8, 2025
Circumstances of exposure:	
Close contact (shared workspace) with a colleague diagnosed with influenza.	

Additional notes
Patient reports no improvement despite over-the-counter medications. No loss of taste or smell reported. History of seasonal allergies but no history of asthma or chronic respiratory conditions. Recommended hydration and rest; influenza testing ordered.

FOR OFFICE USE ONLY	
Reviewed by: Dr. Emily Carter	**Date reviewed:** January 21, 2025
Follow-up required: ◉ Yes ○ No	