

TABLE FOR HEALTH MONITORING

During the quarantine period closely monitor your health and pay attention to the possible appearance of symptoms or signs of SARS-CoV-2 infection. Even after the end of the quarantine continue with monitoring your health until 14 days have passed since the last high-risk close contact with a person with COVID-19 or until 14 days have passed since arrival in Slovenia (if you have been ordered to quarantine upon entering Slovenia). The table for health monitoring can help you with that.

If during this period you develop signs of a respiratory infection (e.g., malaise, cold, cough, fever, difficulty breathing) or other symptoms listed in the table for health monitoring, call your personal physician or doctor on duty for further instructions. Tell the doctor that you are / you have been in quarantine.

INSTRUCTIONS FOR MONITORING YOUR HEALTH

Consider the following instructions:

- Fill in the table at approximately the same time each day.
- Enter the observation date and time for each monitoring day.
- Note the symptoms and signs that have occurred or been present in the last 24 hours (in the period since the last observation).
- If you have/feel the listed symptom in the last 24 hours, write YES in the box; if you do not have/feel this symptom in the last 24 hours, write NO in the box.
- If YES, you can describe your health status in the same box.
- Measure your body temperature at approximately the same time and write it down in the table.
- If you take a medicine to lower your body temperature, make a note of it in the box »Body temperature«.

	1st day	2nd day	3rd day	4th day	5th day	6th day	7th day
Date							
Time of observation							
<i>Symptoms (consider symptoms in the last 24 hours; enter YES/NO)</i>							
Body temperature <i>(enter a value; indicate if you have taken medicine to lower your body temperature)</i>							
Chills							
Malaise							
Fatigue							
Headache							
Muscle and joint pain							
Pain elsewhere <i>(indicate the location of pain)</i>							
Watery, red eyes							
Nasal congestion and discharge							
Loss of taste and/or smell							
Sore throat							
Cough (dry or productive)							
Difficulty breathing							
Chest pain							
Nausea							
Vomiting							
Diarrhoea (liquid and defecation several times daily)							
Skin changes							
Other <i>(indicate)</i>							

	8th day	9th day	10th day	11th day	12th day	13th day	14th day
Date							
Time of observation							
Symptoms (<i>consider symptoms in the last 24 hours; enter YES/NO</i>)							
Body temperature (<i>enter a value; indicate if you have taken medicine to lower your body temperature</i>)							
Chills							
Malaise							
Fatigue							
Headache							
Muscle and joint pain							
Pain elsewhere (<i>indicate the location of pain</i>)							
Watery, red eyes							
Nasal congestion and discharge							
Loss of taste and/or smell							
Sore throat							
Cough (dry or productive)							
Difficulty breathing							
Chest pain							
Nausea							
Vomiting							
Diarrhoea (liquid and defecation several times daily)							
Skin changes							
Other (<i>indicate</i>)							