

# HPAI/LPAI Symptom Monitoring Log



Indiana State  
Department of Health  
*An Equal Opportunity Employer*

Michael R. Pence  
Governor

Jerome M. Adams, MD, MPH  
State Health Commissioner

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interviewer Phone: \_\_\_\_\_

Date of Initial Exposure: \_\_\_\_\_

Date of Last Exposure: \_\_\_\_\_

Date Monitoring Began: \_\_\_\_\_

Date Monitoring Ended: \_\_\_\_\_

(Daily monitoring should continue for 10 days after last known exposure)

Antiviral Started?: Yes / No      Start Date: \_\_\_\_\_

Date	Record Daily Temperature (°F)	Respiratory Symptoms (Cough, sneezing or swollen sinuses, sore throat, nasal discharge, difficulty breathing, eye inflammation or irritation, eye discharge, other)	Risk Level Some-risk Or Low but not zero-risk	Exposure Were you exposed to sick or dying birds today? PPE Y/N	Comments
				Exposure Y N PPE Y N	
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				Exposure Y N PPE Y N	
				Exposure Y N PPE Y N	
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Notes: