

# What should I do if I am diagnosed with COVID-19?

Being diagnosed with COVID-19 can mean that you had a positive lab test or a doctor told you that you had COVID-19. If either of these situations occurred, you should practice **self-isolation** and **self-monitoring** in order to protect yourself and your community from COVID-19. You should follow these recommendations for **at least 7 days since symptoms first began AND for at least 3 days after symptoms resolve**.

## Self-Isolation: For at least 7 days since symptoms first began AND for at least 3 days after symptoms resolve



**Stay home** (or other location approved by public health). 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.

**Other people who you live with or had close contact with, starting 2 days before you were sick and while you were sick, should now stay home (self-quarantine) and watch for symptoms for 14 days after their last close contact with you.**



**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.



**Wear a facemask** if you need to be around other people and **cover your mouth and nose with a tissue** when you cough and sneeze.



**Postpone all non-essential medical appointments until you are out of isolation.** If you have an essential appointment during the isolation period, please tell your local health department who will help coordinate the visit.

## 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 a worsening **cough** or **difficulty breathing**.

## If your symptoms get worse or you have difficulty breathing:

**Contact your doctor.** Do not use public transportation, ride-sharing, or taxis.

**If you need emergency medical attention any time during the self-isolation period, call 911 and let them know that you were diagnosed with COVID-19.**



## 14-day Fever and Symptom Tracker for Individuals who have been diagnosed with 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 local public health department.

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	