

Person Under Monitoring Name: _____

Location: _____



Record here the list of visitors to your home since you became ill with respiratory symptoms that led you to consult a health provider:

Visitor Name	Date	Time In	Time Out	Did this person come within 6 feet of you? Indicate Y or N	Relationship to Person Under Monitoring	Phone number	Comments
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
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	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
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	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				