# Grille de surveillance des symptômes pour le travailleur de la santé

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| Nom : Prénom : | | | | | | | | | | | | | | | | | |
| Date dernière exposition : Date début surveillance : | | | | | | | | | | | | | | | | | |
| Numéro/personne à contacter si présence de symptômes : | | | | | | | | | | | | | | | | | |
| Test COVID-19 | | Date : | | | | Résultat : | | | | Date : | | | | | Résultat : | | |
| JOUR | **DATE** | **PRISE DE TEMPÉRA-TURE**  **AM PM** | | **SYMPTÔMES ** | | | | | | | | | | | | | |
| **AUCUN SYMPTÔME** | Fièvre | | Toux | Perte odorat (anosmie) | Perte goût (agueusie) | | Difficulté à respirer | Céphalée | Mal de gorge | Nez qui coule ou congestion nasale | |  |  |
| Jour 1 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  |
| Jour 2 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  |
| Jour 3 |  | °C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  |
| Jour 4 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 5 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 6 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 7 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 8 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 9 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 10 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 11 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 12 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 13 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |
| Jour 14 |  | ˚C | ˚C |  |  | |  |  |  | |  |  |  |  | |  |  | |