

# Self-Isolation for Individuals Being Evaluated for COVID-19

The Wisconsin Department of Health Services and your local health department have determined that you should practice **self-isolation** and **self-monitoring** in order to protect yourself and your community from 2019 novel coronavirus (COVID-19). This decision was made because you develop symptoms after either traveling to an area affected by COVID-19 or having contact with someone who was infected.

## Self-Isolation



**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.



While at home **separate yourself from other people** in your home. As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.



**Avoid sharing personal household items.** You should not share dishes, drinking glasses, cups, 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



**Measure your temperature twice a day.** If you do not have a thermometer, or need instructions for using one, let your local public health department know.



**Your local health department will contact you daily** to ask about how you are feeling and check if your symptoms are worsening. If you have been tested for COVID-19, they will communicate these results to you when they are available and discuss any follow-up that is needed.



Watch for a worsening **cough** or **difficulty breathing**.

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

Contact your local health department. If you require medical assistance, your local health department will tell you how to get to a doctor if an ambulance is not required. **Do not** use public transportation, ride-sharing, or taxis.

**If you need emergency medical attention any time during the monitoring period, call 911 and let them know that you are being evaluated for novel coronavirus.**

BUREAU OF COMMUNICABLE DISEASES

[www.dhs.wisconsin.gov/dph/bcd.htm](http://www.dhs.wisconsin.gov/dph/bcd.htm) | [DHSDPHBCD@dhs.wi.gov](mailto:DHSDPHBCD@dhs.wi.gov)

Wisconsin Department of Health Services | Division of Public Health



## 14-day Fever and Symptom Tracker for Individuals Being Evaluated for 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	