Temperature monitoring chart

Name: _____	DOB: _____

Instructions:

- Please record the date and symptoms you experience (if any) once a day.
- Note that Day 1 is the day after your last contact with an animal or person with avian influenza.
- **If you feel unwell, contact your public health unit on _____.**
- **If you become unwell and need urgent medical attention, call 000 immediately and tell them you have had recent contact with avian influenza.**
- *If there is more than one person who needs to be monitored, complete a separate form for each person.*

Day	Time	Symptoms
Example *20/06/2026*	*1245*	*Developed scratchy throat and slight cough*
Day 1 Date: __/___/____		
Day 2 Date: __/___/____		
Day 3 Date: __/___/____		
Day 4 Date: __/___/____		
Day 5 Date: __/___/____		
Day 6 Date: __/___/____		
Day 7 Date: __/___/____		
Day 8 Date: __/___/____		
Day 9 Date: __/___/____		
Day 10 Date: __/___/____		