Interim Coronavirus Disease 2019 (COVID-19) Monitoring & Movement Visitor and Public Venue Log

March 17, 2020 (replaces version dated February 14, 2020)

We request you record your activities because you are currently undergoing requested monitoring for coronavirus disease 2019 (COVID-19) by the local health department. In the event that you develop symptoms, the health department will need to quickly identify anyone you may have had contact with since your symptoms began. By recording this information and having it readily available for the local health department, they can quickly identify and contact anyone who may have been exposed. It might also be necessary to contact those who were exposed before your symptoms began.

Visitor and Public Venue Log Instructions

- Enter your name and the date of your potential exposure below.
- Work with your local health department nurse to complete fields for:
  - DGMQ number (if a returned traveler)
  - Last date of monitoring
- For each day you are under monitoring record the following:
  - The names and phone numbers of any people who have visited your home and whether each person was within 6 feet of you (about 3 arms' length).
  - Any public venues that you visited (including shopping centers, movie theaters, restaurants, or similar places) and the times at which you visited. Note that we request that you remain at home and avoid public venues, limit public activities, and keep a distance of at least 6 feet from all people you come in contact with.
- Record this information for 14 days after your potential last exposure, until the date highlighted below.

Name_____ **Date of potential exposure (Day 0)** _____

DGMQ # _____ **Last date of monitoring (Day 14)** _____

NCID _____

Person Under Monitoring Name: _____

Location: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Record any visitors to your home here:

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				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				

Person Under Monitoring Name: _____

Location: _____

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Record any public venues you visit here:

Venue Name	Date	Time In	Time Out	Address	Travel Method	Comments
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			
	__/__/____	____:____ AM/PM	____:____ AM/PM			