

COVID-19 Activity Log

Getting tested for COVID-19 is just the start of protecting yourself, your family and your community.

While you wait for your test results **you are required to:**

Self-isolate if you have any symptoms

Do not leave your home for any reason or have any visitors until you get a test result showing you are not infected.
Do NOT leave your home for any reason or have any visitors until you get a test result showing you are not infected.

You do NOT need to self-isolate if:

- You do NOT have symptoms
- You are NOT a close contact of a someone with Covid-19
- You have NOT travelled outside of Ontario in the past 14 days

Help Identify Others Who Need to be Tested

This COVID-19 Activity Log is designed to help you remember every place you've been and every person you had contact with in the past few days. If your test confirms you have COVID-19, Your local health department will ask for this information to notify those people who need to get tested. This helps protect them and helps prevent the spread of the virus.

What you need to do now:

- 1** Complete the COVID-19 symptom checklist.
- 2** Complete the Personal Activity Log.
- 3** If your test confirms you have COVID-19, you must call your local health department for next steps. If your test shows you do not have COVID-19, you do not need to contact your local health department and you no longer need to self-isolate.

Do you have any of the following symptoms?

Date symptoms started

Fever	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Difficulty breathing	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Dry cough	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Headache	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Tired	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Muscle aches	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Sore throat	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Runny nose	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Other new signs and symptoms	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>

If you answered **'YES'** to **any** of the symptoms above, start filling out the activity log with the date of your earliest symptom.

If you answered **'NO'** to **all** of the above symptoms, start with the date you had your **COVID-19** test.

For the two days **before** you developed symptoms and/or **before** you were tested:

Places I went and people I had contact with just *before* I developed symptoms or *before* I was tested

		Morning	Afternoon	Evening	Night
<p>Day of</p> <input type="checkbox"/> first symptom or, if no symptoms, <input type="checkbox"/> COVID test <p>Date: _____</p>	Places I attended (e.g., workplace or store)				
	People I interacted with (e.g., a co-worker or friend)				
<p>One day before the first symptom or test</p> <p>Date: _____</p>	Places				
	People				
<p>Two days before the first symptom or test</p> <p>Date: _____</p>	Places				
	People				

List the people that you recall being around in the days after your symptoms began (or, if no symptoms, after you were tested).

Places I went and people I interacted with:

		Morning	Afternoon	Evening	Night
<input type="checkbox"/> Day after first symptom or <input type="checkbox"/> COVID test Date: _____	Places I attended (e.g., workplace or store)				
	People I interacted with (e.g., a co-worker or friend)				
Two days after first symptom or test Date: _____	Places				
	People				
Three days after the first symptom or test Date: _____	Places				
	People				
Four days after the first symptom or test Date: _____	Places				
	People				