



Republic of Botswana
Ministry Of Health & Wellness

DAILY MONITORING TOOL

Name: _____ Age: _____ Sex: _____ Nationality: _____

Countries visited in the last 14 days: _____

Date Departed from Affected country: ____/____/____ Date of Arrival in Botswana: ____/____/____

Name of Reporting DHMT: _____ Name of Reporting Health facility: _____

Date	Body Temperature	Cough	Shortnes of Breath	Runny Nose	Chest Pain	Diarrhoea	Irritability/ Confusion	Sore Throat	Headache	Nausea/ Vomiting	Remark