

Health Check Tracker (During COVID-19 Pandemic)

Person's Name: _____

DATE (mm/dd/yyyy)	TEMPERATURE READING (Mark 'R' if refused)	ADDITIONAL SIGNS & SYMPTOMS (Refer to chart below for fever & respiratory symptoms)
Monday 04/13/2020		
Tuesday 04/14/20		
Wednesday 04/15/2020		
Thursday 04/16/2020		
Friday 04/17/2020		
Saturday 04/18/2020		
Sunday 04/19/2020		

ADDITIONAL FEVER SIGNS & SYMPTOMS	ADDITIONAL RESPIRATORY SIGNS & SYMPTOMS
<ul style="list-style-type: none"> • Sweating, chills or shivering • Headache, Muscle aches • Loss of appetite, Dehydration • Irritability • Muscle weakness, general weakness 	<ul style="list-style-type: none"> • New cough or change in cough • Difficulty breathing, shortness of breath or wheezing • Chest pain • Sore throat • Runny nose

NOTE: COVID-19 guidelines states a fever is above 100.4 F – 38 C. If someone you support declines a temperature check, please look/ask for other signs & symptoms, as well as mark 'R' in the temperature reading section.