

## 14-day Fever and Symptom Tracker - COVID-19

Name			Age (years)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address		City		State		Your Telephone Number	
Local Health Department				Telephone Number – Daytime		Telephone Number – After hours	

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day.

**Do not leave any spaces blank.** If you have a fever or any symptom, immediately call your doctor.

Date (month/day) (Days 1-14)	Feverish?	Temperature Morning (a.m.)	Temperature Evening (p.m.)	Cough	Sore Throat	Shortness of Breath	Other Symptoms
1	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
2	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
3	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
4	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
5	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
6	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
7	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
8	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
9	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
10	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
11	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
12	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
13	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
14	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	