COVID DAILY SELF MONITORING **NAME:**_____

SYMPTOMS TRACKING

Take and record your temperature daily. ☑ Tick off any symptoms. Describe as better, worse, same, other…	Well No Symptoms	*Temperature (◦C)	Chills	Cough	Short of Breath / Difficulty Breathing	Hoarse Voice	Sore Throat	Malaise / Fatigue	Muscle Pain	Upset Stomach/ Vomiting	Diarrhea	Headache	Runny Nose	Loss of Smell/Taste
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