

COVID-19 Health Check Chart Action Record

* This survey is to monitor your health. The information will be strictly confidential.

Name _____

No. _____

| Date | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| Wake up time body temperature | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C |
| Condition cough/runny nose malaise / dullness dysgeusia / taste abnormality | | | | | | | | | | | | | | |
| sleep time body temperature | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C | °C |
| Condition cough/runny nose malaise / dullness dysgeusia / taste abnormality | | | | | | | | | | | | | | |
| Action record places visited transportation accompanying people | | | | | | | | | | | | | | |

Other
Remarks

<Points to note> * Please take your temperature twice a day (when you wake up and when you go to bed).