

Name:

1st Contact:

1st Symptom:

Symptom Tracker

DAY #	1	2	3	4	5	6	7
Temperature							
Time							
Reading							
Time							
Reading							
Time							
Reading							
Time							
Reading							
Symptom(s) Experienced							
Chest Tightness							
Chills							
Cough							
Diarrhea							
Fatigue							
Headache							
Loss of Appetite							
Loss of Smell							
Loss of Taste							
Muscle Aches							
Nasal Congestion							
Nausea							
Runny Nose							
Short of Breath							
Sore Throat							
Vomiting							
Other (specify)							
Medication(s) Taken							
Acetaminophen(Tylenol)							
Dosage							
Aspirin(Bayer)							

Dosage							
Ibuprofen(Advil)							
Dosage							
Naproxen(Aleve)							
Dosage							
Other (specify)							
Dosage							
Other Relief Provided							
DAY #	8	9	10	11	12	13	14
Temperature							
Time							
Reading							
Time							
Reading							
Time							
Reading							
Time							
Reading							
Symptom(s) Experienced							
Chest Tightness							
Chills							
Cough							
Diarrhea							
Fatigue							
Headache							
Loss of Appetite							
Loss of Smell							
Loss of Taste							
Muscle Aches							
Nasal Congestion							
Nausea							
Runny Nose							

Short of Breath							
Sore Throat							
Vomiting							
Other (specify)							
Medication(s) Taken							
Acetaminophen(Tylenol)							
Dosage							
Aspirin(Bayer)							
Dosage							
Ibuprofen(Advil)							
Dosage							
Naproxen(Aleve)							
Dosage							
Other (specify)							
Dosage							
Other Relief Provided							