

Health observation sheet

Days (Month/Day) : / to /

Name: _____

Day of week		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Whereabouts								
Thermometry	A.M.	:	:	:	:	:	:	:
	Temperature *	. °C	. °C	. °C	. °C	. °C	. °C	. °C
	P.M.	:	:	:	:	:	:	:
	Temperature *	. °C	. °C	. °C	. °C	. °C	. °C	. °C
Respiratory symptoms	Cough	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Sore throat	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Dyspnea	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Runny nose	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Olfactory, taste disturbance	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Others	Headache	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Fatigue	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Action history (Affair, destination, time, visitors, etc.)								

* If you don't have a thermometer, you don't need to write your temperature in the temperature column. Instead, if you feel feverish, please note this in the temperature column.