

COVID-19 Symptom Checklist- April 2020

Symptoms Information:

Chaperone Temp_____  No Symptoms

1/ Fever Yes No

Did you take your temperature? What was it?

2/ Chills Yes No

3/ Repeated shaking with chills Yes No

4/ Cough Yes No

5/ Difficulty Breathing/Shortness of Breath Yes No

6/ Sore Throat Yes No

7/ Muscle pain Yes No

8/ Headache Yes No

9/ New loss of taste or smell Yes No

10/ Vomiting Yes No

11/ Diarrhea Yes No

12/ Have you been in contact with someone who had symptoms of COVID-19 but was not tested? Yes No Not Sure

13/ Have you been in contact with someone who has tested positive for COVID-19? Yes No Not Sure

14/ Have you been diagnosed with one of the following?

Lung Disease Yes No

Diabetes Yes No

Heart Disease Yes No

Weak Immune System Yes No

List other condition here _____some immune-compromising condition

When did your symptoms start