

Illness & Symptom Tracking Form

Program Location:	Cohort:	Date:
--------------------------	----------------	--------------

Name of Participant/Staff:	Time:
-----------------------------------	--------------

Symptoms Noted (Check all that apply):	
<ul style="list-style-type: none"> Fever (feeling hot to the touch of a temperature of 37.8°C or higher) Chills Cough that is new or worsening Barking cough Shortness of breath Sore throat Difficulty swallowing Runny, stuffy or congested nose (unrelated to allergies) 	<ul style="list-style-type: none"> Loss of sense of taste or smell Pink eye Headache that is unusual or long lasting Digestive issues (nausea, vomiting, diarrhea, etc.) Muscle aches Extreme fatigue Falling down often Sluggishness or loss of appetite

Name of Participant/Staff:	Time:
-----------------------------------	--------------

Symptoms Noted (Check all that apply):	
<ul style="list-style-type: none"> Fever (feeling hot to the touch of a temperature of 37.8°C or higher) Chills Cough that is new or worsening Barking cough Shortness of breath Sore throat Difficulty swallowing Runny, stuffy or congested nose (unrelated to allergies) 	<ul style="list-style-type: none"> Loss of sense of taste or smell Pink eye Headache that is unusual or long lasting Digestive issues (nausea, vomiting, diarrhea, etc.) Muscle aches Extreme fatigue Falling down often Sluggishness or loss of appetite