



COVID-19 Temperature & Symptom Monitoring Worksheet

If you begin to have a temperature over 100°F or any of the symptoms listed, call your Primary Care Provider.

Date	Morning Temp.		Evening Temp.		Directly Observed?	Symptoms: Place an X in the box that matches your symptom.					
						Fever	Cough	Shortness of breath	Chest pain	Other (Specify)	No Symptoms
Day 1:	AM	____°F	PM	____°F	Yes No						
Day 2:	AM	____°F	PM	____°F	Yes No						
Day 3:	AM	____°F	PM	____°F	Yes No						
Day 4:	AM	____°F	PM	____°F	Yes No						
Day 5:	AM	____°F	PM	____°F	Yes No						
Day 6:	AM	____°F	PM	____°F	Yes No						
Day 7:	AM	____°F	PM	____°F	Yes No						
Day 8:	AM	____°F	PM	____°F	Yes No						
Day 9:	AM	____°F	PM	____°F	Yes No						
Day 10:	AM	____°F	PM	____°F	Yes No						
Day 11:	AM	____°F	PM	____°F	Yes No						
Day 12:	AM	____°F	PM	____°F	Yes No						
Day 13:	AM	____°F	PM	____°F	Yes No						
Day 14:	AM	____°F	PM	____°F	Yes No						