COVID-19 Symptom Log

Name: _____

Date & Time	Temperature	Oxygen %	**DO YOU HAVE ANY <u>NEW</u> SYMPTOMS OF COVID-19? Symptoms include cough, shortness of breath or difficulty breathing, chills, muscle or body aches, sore throat, loss of taste or smell, fatigue, headache, congestions or runny nose, nausea, vomiting or diarrhea? If yes, please list your symptoms.**

Contact a healthcare provider if…

1. Temperature is at or above 100.4 OR increases by 2 degrees or more
2. Oxygen is less than 90% OR decreases by 3 percent or more
3. Any <u>new</u> COVID-19 symptoms develop