Name ( ) Faculty/ Department ( ) Student ID no./ Employee ID no. ( )

Check your body temperature twice a day and circle your answer of the following symptoms. 1st week

	Date	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )
AM	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Shortness of breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Sputum	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
	Runny nose	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Muscle aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Head aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Diarrhoea / Nausea	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
PM	Body temprature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Shortness of breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Sputum	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
	Runny nose	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Muscle aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Head aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Diarrhoea / Nausea	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

2nd week

	Date	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )
AM	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Shortness of breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Sputum	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
	Runny nose	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Muscle aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Head aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Diarrhoea / Nausea	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
PM	Body temprature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Shortness of breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Sputum	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
	Runny nose	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Muscle aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Head aches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Diarrhoea / Nausea	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No