

## Symptom Tracker for (possible) COVID-19 Exposure

Day	1		2		3		4		5		6		7	
Date														
Time of Day	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Temperature														
Cough (dry)														
Fatigue														
Cough (wet)														
Short of breath														
Headache														
Chills														
Nausea														
Vomiting														
Congestion														
Diarrhea														
Eye Discharge														
Bloody Sputum														
Day	8		9		10		11		12		13		14	
Date														
Time of Day	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Temperature														
Cough (dry)														
Fatigue														
Cough (wet)														
Short of breath														
Headache														
Chills														
Nausea														
Vomiting														
Congestion														
Diarrhea														
Eye Discharge														
Bloody Sputum														

Any temperature of greater than 100.3 with a thermometer should prompt a call to our office to schedule an evaluation. If this occurs on the weekend, please call my cell phone at 214-718-9562. Any shortness of breath or worsening cough should go to an emergency room for further evaluation.