

Keep this with you at all times. Take your temperature 2-4 times a day.

Note how you feel to share with your healthcare providers.

Your Name:

Y N.... Travel out of Country ????

Y N ... Covid Exposure?????

Symptoms	Time of day	Temperature	Cough // Congestion	Sore Throat	Shortness of Breath	Difficulty Breathing	~Tired~ Fatigue	Muscle Pain	Headache	Upset Stomach	Loss of Taste // Loss of Smell	Bluish Fingers // Chills
Sample	6am	98.6	N // N	N	Y	Y	N	N	Y	N	Y	Y
Start Date:	1											
	2											
	3											
	4											
Day 2 Date:	1											
	2											
	3											
	4											
Day 3 Date:	1											
	2											
	3											
	4											
Day 4 Date:	1											
	2											
	3											
	4											
Day 5 Date:	1											
	2											
	3											
	4											
Day 6 Date:	1											
	2											
	3											
	4											
Day 7 Date:	1											
	2											
	3											
	4											
Day 8 Date:	1											
	2											
	3											
	4											
Day 9 Date:	1											
	2											
	3											
	4											
Day 10 Date:	1											
	2											
	3											
	4											
Day 11 Date:	1											
	2											
	3											
	4											



Date	Time of day	Temperature	Cough // Congestion	Sore Throat	Shortness of Breath	Difficulty Breathing	~Tired~ Fatigue	Muscle Pain	Headache	Upset Stomach	Loss of Taste // Loss of Smell	Bluish Fingers // Chills
Sample Notes	6am	98.6	N // N	N	Y	Y	N	N	Y	N	Y	Y
Day 12	1											
Date:	2											
	3											
	4											
Day 13	1											
Date:	2											
	3											
	4											
Day 14	1											
Date:	2											
	3											
	4											
Day 15	1											
Date:	2											
	3											
	4											
Day 16	1											
Date:	2											
	3											
	4											
Day 17	1											
Date:	2											
	3											
	4											
Day 18	1											
Date:	2											
	3											
	4											
Day 19	1											
Date:	2											
	3											
	4											
Day 20	1											
Date:	2											
	3											
	4											
Day 21	1											
Date:	2											
	3											
	4											
Day 22	1											
Date:	2											
	3											
	4											



Confidential

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