Health Check List

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/Sputum	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
	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
	Loss of Taste/Smell	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other symptoms							
PM	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough/Sputum	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
	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
	Loss of Taste/Smell	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other symptoms							

2nd Week

	Date	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )
AM	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough/Sputum	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
	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
	Loss of Taste/Smell	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other symptoms							
PM	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough/Sputum	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
	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
	Loss of Taste/Smell	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other symptoms							