

Health Check Sheet

	Name :	Male / Female		Birth Date : / /				
Chronic Disease	Diabetes / Asthma / COPD / High Blood Pressure / Usage of Steroid Medications	/	/	/	/	/	/	/
		(MONDAY)	(TUESDAY)	(WEDNESDAY)	(THURSDAY)	(FRIDAY)	(SATURDAY)	(SUNDAY)
Symptoms	- Health Condition (○ : Very Good △ : Normal × : Not Good)							
	- Cough (○ : Coughing Alot △ : Slight Cough × : No Cough)							
	- Sore Throat (○ : Very Sore △ : Sore × : Not Sore)							
	- Congestion (○ : Very congested △ : Slightly congested × : Not congested)							
	- Runny nose (○ : Yes △ : A little runny × : No runny nose.)							
	- Sneezing (○ : Sneezing often △ : Occasionally × : No sneezing)							
	- Bowel Movement (○ : Diarrhea △ : Soft stool × : No change)							
	- Appetite (○ : Big appetite △ : Usual Appetite × : No appetite)							
	- Taste (○ : Can taste well △ : Lacking some taste × : No taste)							
	- Smell (○ : Can smell well △ : Lacking some smell × : No smell)							
	Body Temperature		:	:	:	:	:	:
°F			°F	°F	°F	°F	°F	°F
:			:	:	:	:	:	:
°F			°F	°F	°F	°F	°F	°F
Social Interaction	Do you wore a mask when you interact with others? (○ : Yes △ : Sometimes × : No)							
	Did you have anyone within a 1 meter radius? If so, please put down their name(s).							