

COVID-19 TEMPERATURE LOG

Last Name: _____ First Name: _____ DOB: _____

Street: _____ Town/City: _____ ZIP: _____

Phone: (_____) _____

Day	Date	AM Time	Temp	PM Time	Temp	Symptom* (none or list)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
12						
14						

*Symptoms of COVID-19 include fever, cough, and shortness of breath.