

Checklist Student ID no./ Employee ID no. () Name ()
 Faculty/ Department ()

Check your body temperature twice a day and if you have any symptoms, please mark in the fields.

Month

Date	Day of a week	Body temperature		Respiratory symptoms			Non-respiratory symptoms				Loss of taste/ Loss of smell
		AM	PM	Cough	Shortness of breath	Sore throat	Fatigue	Sore joints and muscles	Diarrhoea / Nausea	Headache	
1		°C	°C								
2		°C	°C								
3		°C	°C								
4		°C	°C								
5		°C	°C								
6		°C	°C								
7		°C	°C								
8		°C	°C								
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28		°C	°C								
29		°C	°C								
30		°C	°C								
31		°C	°C								