14-day Symptom Tracker
for individuals being evaluated for COVID-19

Marshfield Clinic Health System

Name: _____

Instructions:

→ Put the **current date** in the space provided for the next 14 days.

→ Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.).** A fever is defined by the CDC as a temperature equal to or greater than 100.0^{O} F.

→ Check **Yes (Y)** or **No (N)** if you have fever or are feverish, then write your temperature in the space.

→ Check **Yes (Y)** or **No (N)** if you have a cough, sore throat, or shortness of breath for each day.

→ Do not leave any spaces blank. **If symptoms are present or become worse, contact your MCHS Primary Care Provider or dial 911 for emergent medical assistance.**

Days 1-14

Date (month/day)	Feverish		Temperature						Cough		Sore Throat		Shortness of Breath		Other Symptoms
			Morning (a.m.)			Evening(p.m.)									
	Y	N	TEMP	^{O}C	^{O}F	TEMP	^{O}C	^{O}F	Y	N	Y	N	Y	N	
1	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
2	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
3	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
4	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
5	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
6	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
7	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
8	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
9	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
10	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
11	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
12	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
13	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	
14	☐	☐		☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	