Name: Student/Employee ID Number:

Faculty/Department:

Check your body temperature twice a day and circle your symptoms. 1st week

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
		/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )
Morning	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	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
	Headache	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Muscle pain	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Diarrhea/Nausea	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
Evening	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	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
	Headache	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Muscle pain	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Diarrhea/Nausea	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No

2nd week

		Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
		/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )
Morning	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	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
	Headache	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Muscle pain	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Diarrhea/Nausea	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
Evening	Body temperature	℃	℃	℃	℃	℃	℃	℃
	Cough	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	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
	Headache	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Muscle pain	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No
	Diarrhea/Nausea	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No	Yes・No