# Symptom Tracker

This document serves as a guide to track COVID-19 symptoms and is not a substitute for advice from your physician. If your symptoms worsen or you need specific medical advice, please consult your physician.

## Day #

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## Temperature

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## Symptoms

- Chest tightness
- Chills
- Cough
- Diarrhea
- Fatigue
- Headache
- Loss of appetite
- Loss of sense of smell
- Loss of sense of taste
- Muscle aches
- Nasal congestion
- Nausea
- Runny nose
- Shortness of breath/difficulty breathing
- Sore throat
- Vomiting
- Other (specify)

## Medications

- Acetaminophen (e.g., Tylenol®)
- Aspirin (Bayer®)
- Ibuprofen (Advil®)
- Naproxen (Aleve®)
- Other (specify)

## Other Relief Provided

-   
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## Notes

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**Name:** ___________________________    **Date of Contact:** ________________    **Date of First Symptoms:** ________________
**SYMPTOM TRACKER**

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**SYMPTOM(S) EXPERIENCED**

- CHEST TIGHTNESS
- CHILLS
- COUGH
- DIARRHEA
- FATIGUE
- HEADACHE
- LOSS OF APPETITE
- LOSS OF SENSE OF SMELL
- LOSS OF SENSE OF TASTE
- MUSCLE ACHES
- NASAL CONGESTION
- NAUSEA
- RUNNY NOSE
- SHORTNESS OF BREATH/
  DIFFICULTY BREATHING
- SORE THROAT
- VOMITING
- OTHER (SPECIFY)

**MEDICATION(S) TAKEN**

- ACETAMINOPHEN (E.G.: TYLENOL®) 
  DOSAGE
- ASPIRIN (BAYER®) 
  DOSAGE
- IBUPROFEN (ADVIL®) 
  DOSAGE
- NAPROXEN (ALEVE®) 
  DOSAGE
- OTHER (SPECIFY) 
  DOSAGE

**OTHER RELIEF PROVIDED**

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