

Self-health observation sheet

Student ID no./Employee ID no. Department

Name Date of Birth()

Date : DD/MMM/YYYY		Body Symptoms. Please circle your answer. (yes / no)			
Date	/	/	/	/	/
am	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃
	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)
	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)
	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)
	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()
pm	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃
	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)
	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)
	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)
	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()

Date	/	/	/	/	/
am	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃
	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)
	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)
	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)
	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()
pm	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃	Body temperature ()℃
	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)	Nasal discharge (yes / no)
	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)	Cough (yes / no)
	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)	Phlegm/Sputum (yes / no)
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)	Skin rash (yes / no)
	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()	Other symptoms ()

※ If you were in China in the last 14 days and have fever (≥ 37.5 degrees) and respiratory symptoms (cough, sputum, shortness of breath, etc.) please seek medical care. Before you go to a doctor’s office or emergency room, call ahead and tell them about your recent travel and your symptoms.