Health Observation Chart (Reference)

Record your physical condition daily and contact the Coronavirus Hotline (053-453-6118) if you have any of the following symptoms.

①Cold-like symptoms or a fever above 37.5 ℃ for 4 or more days

②Sever fatigue or difficulty breathing

※For senior citizens, people with underlying conditions such as diabetes, heart failure, or respiratory illnesses (chronic obstructive pulmonary disease etc.) and people currently undergoing dialysis or taking immunosuppresant medicine or anti-cancer medicine, contact the hotline if you have these symptoms for 2 or more days.

Name:	Date of Symptom Appearance : Time:

Date		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Temperature（Morning）		℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃
Temperature（Evening）		℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃
Respiratory Symptoms	Cough	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Difficulty Beathing	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Runny Nose / Stuffy	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	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	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Other Symptoms	Nausea / Vomiting	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Conjunctivitis (Pink Eye)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Headaches	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Extreme fatigue	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Joint and Muscle Pain	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Diarrhea	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Impaired Consciousne	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Convulsions	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other															
Note																