



## Daily Symptom Checker for COVID19+ Patients

Adapted from CDC Guidance  
January 27, 2020

Date of Symptom Onset (or + Test If Asymptomatic): \_\_\_\_\_ (Day #0)

Check the symptoms that apply, on the days of isolation below:

Symptom	1	2	3	4	5	6	7	8	9	10
Fever ( $\geq 100.4$ F)										
Chills										
Muscle or body aches										
Fatigue										
Congestion/runny nose										
Cough										
Sore throat										
Nausea or vomiting										
Diarrhea										
Headache										
New loss of taste/smell										

**\*Call our office immediately for these symptoms: chest pain, shortness of breath, difficulty breathing, palpitations, severe lethargy\***

Please also contact our office if your child is experiencing symptoms of fever/chills/muscle aches/fatigue for 4 days or more or has consistently high fevers  $>102.5$  F.

2001 WEST MAIN STREET | SUITE 132 | STAMFORD | CT 06902  
TEL: (203) 363-0123 | FAX (475) 619-9855

[www.SoundBeachPediatrics.com](http://www.SoundBeachPediatrics.com)