

LiveWell Health Tracking Sheet

1. Please take and record your temperature twice a day for fourteen (14) days. Temperatures should be taken in the morning and later in the afternoon or early evening.
2. Please track and record daily if you experience any of the following symptoms:
 - a. **Fever** (temperature greater than or equal to 100.4F)
 - b. **Cough**
 - c. **Shortness of Breath/Difficulty Breathing/Respiratory Distress**
 - d. **Increased Confusion or Change in Mental Status**
 - e. **Signs of Cyanosis:** (Blue lips and fingers different than person's baseline)
 - f. **Other Flu like symptoms:** (chills, achiness, general malaise and sore throat)
 - g. **GI Symptoms** (nausea, diarrhea)
 - h. **Signs of Conjunctivitis or Pink Eye**
 - i. **Loss of the Ability to Taste or Smell Food**

Name					
Daily Tracking	Date	Temperature am	Temperature pm	Symptoms y/n	If Symptoms, describe
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					
Day 8					
Day 9					
Day 10					
Day 11					
Day 12					
Day 13					
Day 14					

Signature

Date