Thank you for your purchase from US together.

This journal was designed with the goal of helping the health departments across our country gather data to slow the transmission of Covid-19.

Contact tracing is a tool that has been used by health departments for years to monitor diseases such as tuberculosis and HIV by being able to quickly identify a persons exposure and then provide information and assistance.

If you should ever be notified that you or someone you know has been exposed to Covid-19 we hope your use of this journal proves beneficial in assisting a contact tracer to advise those who may become ill.

It is our hope that with communities and families working together to compile information, there will be fewer cases of infection.

We hope you will find this tool useful and that you stay safe and healthy!

Sincerely,

US together.

How to use your tracing journal

Calendar Pages:

These pages can be used for your everyday planner in combination with the tracing information.

7 Dr. Lím @ 10:30 Grocery shopping	8	9	10 Example Only
O Stayed Home	℧ Stayed Home	Ճ Stayed Home	Ճ Stayed Home
O Delivery	O Delivery	□ Delivery	O Delivery
O Symptoms	O Symptoms	FedEx, Amazon O Symptoms	⊗ Symptoms Headache

Tracing Journal Pages:

These pages are used in combination with the calendar pages to add any information regarding exposure to the corona virus such as the person(s) name and contact info and how you were exposed. Any information that would help retrace back to exposure.

Date: 5-14-19		Time:3:30 pm	
Activity: Grocery	y Shopping	Place/Location: Safeway, Enumclaw	
Did you wear:	Gloves 🎗	Mask 🙊	
Did others wear:	• •	Mask 🙊	
Direct contact wi	th: Stock man	ager brought me out toilet paper from the back, he was not wearing gloves	
	or a mask. I	tís name was Tom.	
Notes:			
		Example Only	

For more information visit:

Covidactnow.org

Cdc.gov/coronavirus/2019

To re-order or see other available products visit our website:

UStogether.com

© 2020 UStogether

Emergency Contact Information

Your Mame:	_
Phone:	
Email:	_
Your Physician:	
Phone:	
Emergency Contact:	- 1/5
Phone:	
Current Medical Condition(s)	

June 2020

Sunday	Monday	Tuesday	Wednesday
	1	2	3
	O Stayed Home	O Stayed Home	O Stayed Home
	O Delivery O Symptoms	O Delivery O Symptoms	O Delivery O Symptoms
7	8	9	10
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home
O Delivery	O Delivery	O Delivery	O Delivery
O Symptoms 14	O Symptoms 15	O Symptoms 16	O Symptoms 17
O Stayed Home O Delivery O Symptoms			
21	22	23	24
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home
O Delivery	O Delivery	O Delivery	O Delivery
O Symptoms	O Symptoms	O Symptoms	O Symptoms
28	29	30	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	

Thursday	Friday	Saturday	Notes	
4	5	6		
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery	O Delivery	O Delivery	-	
O Symptoms	O Symptoms	O Symptoms		
11	12	13		
O ()	O (1) 1 H	0.0%		
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery O Symptoms	O Delivery O Symptoms	O Delivery O Symptoms		
18	19	20		
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery	O Delivery	O Delivery		
O Symptoms	O Symptoms	O Symptoms		
25	26	27		
O (1) 1 H	0.01			
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery	O Delivery	O Delivery		
O Symptoms	O Symptoms	O Symptoms		
	New York			



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ා	Mask \circ	
Did you wear: Gloves Olid others wear: Gloves		
Did others wear: Gloves		
Did others wear: Gloves	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves	Mask Time: Mask Mask Mask	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Mask Time: Mask Mask Mask	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Mask O Mask O Mask O	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask O Mask O Mask O	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ා	Mask \circ	
Did you wear: Gloves Olid others wear: Gloves		
Did others wear: Gloves		
Did others wear: Gloves	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves	Mask Time: Mask Mask Mask	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Mask Time: Mask Mask Mask	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Mask O Mask O Mask O	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask O Mask O Mask O	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ා	Mask \circ	
Did you wear: Gloves Olid others wear: Gloves		
Did others wear: Gloves		
Did others wear: Gloves	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date:	Mask O	
Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves	Mask Time: Mask Mask Mask	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Mask Time: Mask Mask Mask	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Mask O Mask O Mask O	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask O Mask O Mask O	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		

July 2020

Sunday	Monday	Tuesday	Wednesday	
			1	
			O Stayed Home	
			O Delivery	
			O Symptoms	
5	6	7	8	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	
12	13	14	15	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	
19	20	21	22	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	
26	27	28	29	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	

Thursday	Friday	Saturday	Notes
2	3	4	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
9	10	11	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
16	17	18	W
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	La Francisco
23	24	25	11/
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
30	31		
O Stayed Home	O Stayed Home		
O Delivery	O Delivery		Y to
O Symptoms	O Symptoms		

Date:	Time:	<u>, </u>
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
		Place/Location:
Activity: Gloves \bigcirc		
Activity:	Mask ○	
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○	Place/Location:
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○ Mask ○	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○ Mask ○	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○ Mask ○	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date:	Mask O Mask O Time:	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Lates:	Mask Mask Time: Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Lates:	Mask Mask Time: Mask Mask	Place/Location: Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask ○	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask Mask	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○ Mask ○	Place/Location:
Activity:	Mask ○ Mask ○	Place/Location:
Activity:	Mask ○ Mask ○	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask ○ Mask ○	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이		
Did others wear: Gloves	Mask \circ	
Direct contact with:		_
	Time:	
Date:		
Date:		Place/Location:
		Place/Location:
Activity:	Mask ○	Place/Location:
Activity: Did you wear: Gloves O	Mask ○	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O	Mask ○	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O	Mask O	
Activity:	Mask Mask Time:	
Activity:	Mask O Mask O	
Activity:	Mask Mask Time: Mask	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		

August 2020

Sunday	Monday	Tuesday	Wednesday
2	3	4	5
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
9	10	11	12
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
16	17	18	19
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
23 O Home O Delivery O Symptoms	24 O Home O Delivery O Symptoms	25	26
O Home O Delivery O Symptoms	O Home O Delivery O Symptoms	O Stayed Home O Delivery	O Stayed Home O Delivery
30	31	O Symptoms	O Symptoms

Thursday	Friday	Saturday	Notes
		1	
		O Stayed Home O Delivery O Symptoms	
6	7	8	
O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery	
O Symptoms 13	O Symptoms 14	O Symptoms 15	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
20	21	22	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
27	28	29	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Date:	Time:	
Date:		Place/Location:
Activity:		Place/Location:
	Mask ○	
Activity: Did you wear: Gloves O	Mask ○	
Activity: Did you wear: Gloves Olid others wear: Gloves	Mask ○	
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves Olid others wear: Gloves Olives	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location:

Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
	Mask \circ	
Direct contact with:		
Notes:		
Date:		
Activity:		Place/Location:
Did you wear: Gloves ○	Mask \circ	
Did others wear: Gloves 이	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ○	Mask	
Did others wear: Gloves 이	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask ○	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:

Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
	Mask \circ	
Direct contact with:		
Notes:		
Date:		
Activity:		Place/Location:
Did you wear: Gloves ○	Mask \circ	
Did others wear: Gloves 이	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ○	Mask	
Did others wear: Gloves 이	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask ○	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Date:	Time:	
Date:		Place/Location:
Activity:		Place/Location:
	Mask ○	
Activity: Did you wear: Gloves O	Mask ○	
Activity: Did you wear: Gloves Olid others wear: Gloves	Mask ○	
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves Olid others wear: Gloves Olives	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		

September 2020

Sunday	Monday	Tuesday	Wednesday
		1	2
		O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
6	7	8	9
O Stayed Home O Delivery O Symptoms			
13	14	15	16
O Stayed Home O Delivery O Symptoms			
20	21	22	23
O Stayed Home O Delivery O Symptoms			
O Stayed Home O Delivery O Symptoms			

Thursday	Friday	Saturday	Notes
3	4	5	
O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery	
O Symptoms 10	O Symptoms 11	O Symptoms 12	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Date:	Time:	
Date:		Place/Location:
Activity:		Place/Location:
	Mask ○	
Activity: Did you wear: Gloves O	Mask ○	
Activity: Did you wear: Gloves Olid others wear: Gloves	Mask ○	
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves Olid others wear: Gloves Olives	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Date:	Time:	
Date:		Place/Location:
Activity:		Place/Location:
	Mask ○	
Activity: Did you wear: Gloves O	Mask ○	
Activity: Did you wear: Gloves Olid others wear: Gloves	Mask ○	
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves Olid others wear: Gloves Olives	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Date:	Time:	
Date:		Place/Location:
Activity:		Place/Location:
	Mask ○	
Activity: Did you wear: Gloves O	Mask ○	
Activity: Did you wear: Gloves Olid others wear: Gloves	Mask ○	
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves Olid others wear: Gloves Olives	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves O Did others wear: Gloves O Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		

October 2020

Sunday	Monday	Tuesday	Wednesday	
4	5	6	7	
4	9	O	4	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	
11	12	13	14	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	
18	19	20	21	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	
25	26	27	28	
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	O Symptoms	

Thursday	Friday	Saturday	Notes
1	2	3	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
8	9	10	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
15	16	17	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	Jan 1
22	23	24	1000 1000
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
29	30	31	
O Stayed Home	O Stayed Home	O Staved Home	
	O Delivery	O Stayed Home O Delivery	Y to
O Delivery			
O Symptoms	O Symptoms	O Symptoms	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		

Movember 2020

Sunday	Monday	Tuesday	Wednesday
1	2	3	4
O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery
O Symptoms	O Symptoms	O Symptoms	O Symptoms
8	9	10	11
O Stayed Home	O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery
O Delivery O Symptoms	O Symptoms	O Symptoms	O Symptoms
15	16	17	18
O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery
O Symptoms	O Symptoms	O Symptoms	O Symptoms
22	23	24	25
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home
O Delivery	O Delivery O Symptoms	O Delivery O Symptoms	O Delivery
O Symptoms 29	30	O Symptoms	O Symptoms
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms		

Thursday	Friday	Saturday	Notes
4	5	6	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
11	12	13	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
18	19	20	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
25	26	27	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ○	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ○	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		

December 2020

Sunday	Monday	Tuesday	Wednesday
		1	2
		O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
6	7	8	9
O Stayed Home O Delivery O Symptoms			
13	14	15	16
O Stayed Home O Delivery O Symptoms			
20	21	22	23
O Stayed Home O Delivery O Symptoms			
27	28	29	30
O Stayed Home O Delivery O Symptoms			

Thursday	Friday	Saturday	Notes
4	5	6	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
11	12	13	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
18	19	20	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
25	26	27	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
31			
O Stayed Home O Delivery O Symptoms			



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:



Date:		
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves ○	Mask	
Did others wear: Gloves \circ	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		

January 2021

Sunday	Monday	Tuesday	Wednesday
3	4	5	6
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
10	11	12	13
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
17	18	19	20
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
24 O Home O Delivery O Symptoms	25	26	27
O Home O Delivery O Symptoms 31	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms

Thursday	Friday	Saturday	Notes
	1	2	
	O Stayed Home	O Stayed Home	
	O Delivery	O Delivery	
	O Symptoms	O Symptoms	
7	8	9	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
14	15	16	10/
O Stayed Home	O Stayed Home	O Stayed Home	1
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	- AM
21	22	23	
			Y
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
28	29	30	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	



Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Date:	
Activity: Place/Location:	
Activity: Place/Location: Did you wear: Gloves Mask	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves O Mask O Direct contact with: Notes:	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Time:	
Activity: Place/Location: Did you wear: Gloves O Mask O Did others wear: Gloves O Mask O Direct contact with: Notes: Date: Time: Activity: Place/Location: Place/Location:	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	

Tracing Tournal

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		



Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Date:	
Activity: Place/Location:	
Activity: Place/Location: Did you wear: Gloves Mask	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves O Mask O Direct contact with: Notes:	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Time:	
Activity: Place/Location: Did you wear: Gloves O Mask O Did others wear: Gloves O Mask O Direct contact with: Notes: Date: Time: Activity: Place/Location: Place/Location:	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	

Tracing Tournal

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		



Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Date:	
Activity: Place/Location:	
Activity: Place/Location: Did you wear: Gloves Mask	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves O Mask O Direct contact with: Notes:	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Time:	
Activity: Place/Location: Did you wear: Gloves O Mask O Did others wear: Gloves O Mask O Direct contact with: Notes: Date: Time: Activity: Place/Location: Place/Location:	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	

Tracing Tournal

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		

February 2021

Sunday	Monday	Tuesday	Wednesday
	1	2	3
	O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery
	O Symptoms	O Symptoms	O Symptoms
7	8	9	10
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home
O Delivery	O Delivery	O Delivery	O Delivery
O Symptoms	O Symptoms	O Symptoms	O Symptoms
14	15	16	17
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home
O Delivery	O Delivery	O Delivery	O Delivery
O Symptoms	O Symptoms	O Symptoms	O Symptoms
21	22	23	24
O Stayed Home	O Stayed Home	O Stayed Home	O Stayed Home
O Delivery	O Delivery	O Delivery	O Delivery
O Symptoms	O Symptoms	O Symptoms	O Symptoms
28			
O Stayed Home			
O Delivery			
O Symptoms			

Thursday	Friday	Saturday	Notes
4	5	6	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
11	12	13	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
18	19	20	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
25	26	27	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	



Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Date:	
Activity: Place/Location:	
Activity: Place/Location: Did you wear: Gloves Mask	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves O Mask O Direct contact with: Notes:	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Time:	
Activity: Place/Location: Did you wear: Gloves O Mask O Did others wear: Gloves O Mask O Direct contact with: Notes: Date: Time: Activity: Place/Location: Place/Location:	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
		Place/Location:
Activity:	Mask O	
Activity:	Mask ○	
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○	
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O Time:	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask	Place/Location:



Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Date:	
Activity: Place/Location:	
Activity: Place/Location: Did you wear: Gloves Mask	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves O Mask O Direct contact with: Notes:	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Time:	
Activity: Place/Location: Did you wear: Gloves O Mask O Did others wear: Gloves O Mask O Direct contact with: Notes: Date: Time: Activity: Place/Location: Place/Location:	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
		Place/Location:
Activity:	Mask O	
Activity: Gloves \odot	Mask ○	
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○	
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O Time:	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask	Place/Location:



Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Activity: Place/Location:	
Did you wear: Gloves	
Did others wear: Gloves 이 Mask 이	
Direct contact with:	
Notes:	
Date: Time:	
Date:	
Activity: Place/Location:	
Activity: Place/Location: Did you wear: Gloves Mask	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves	
Activity: Place/Location: Did you wear: Gloves O Mask O Direct contact with: Notes:	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Time:	
Activity: Place/Location: Did you wear: Gloves O Mask O Did others wear: Gloves O Mask O Direct contact with: Notes: Date: Time: Activity: Place/Location: Place/Location:	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	
Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Direct contact with: Notes: Date: Time: Activity: Place/Location: Did you wear: Gloves \circ Mask \circ Did you wear: Gloves \circ Mask \circ Did others wear: Gloves \circ Mask \circ Mask \circ	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
		Place/Location:
Activity:	Mask O	
Activity: Gloves \odot	Mask ○	
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○	
Activity: Gloves Olid others wear: Gloves Olid Olid Olid Olid Olid Olid Olid Olid	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Mask ○	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes: Date:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O Time:	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity:	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask	Place/Location:

March 2021

Sunday	Monday	Tuesday	Wednesday
	1	2	3
	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
7	8	9	10
O Stayed Home O Delivery	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms
O Symptoms 14	15	16	17
O Stayed Home O Delivery O Symptoms			
O Stayed Home O Delivery O Symptoms			
28	29	30	31
O Stayed Home O Delivery			
O Symptoms	O Symptoms	O Symptoms	O Symptoms

Thursday	Friday	Saturday	Notes
4	5	6	
O Stayed Home O Delivery	O Stayed Home O Delivery	O Stayed Home O Delivery	
O Symptoms 11	O Symptoms 12	O Symptoms 13	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms 18	O Symptoms 19	O Symptoms	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
25	26	27	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location: Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location: Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		



Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves 이	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Date:		Place/Location:
		Place/Location:
Activity: Gloves O		
Activity: Gloves O	Mask ○ Mask ○	Place/Location:
Activity: Gloves O Did others wear: Gloves O	Mask ○ Mask ○	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity:	Mask O	Place/Location:
Activity: Did you wear: Gloves © Did others wear: Gloves © Direct contact with: Notes:	Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Mask O Mask O	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Gloves	Mask Mask Time: Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Did you wear: Gloves Direct contact with:	Mask Mask Time: Mask Mask	Place/Location: Place/Location:
Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with: Notes: Activity: Did you wear: Gloves Did others wear: Gloves Did others wear: Gloves	Mask Mask Time: Mask Mask	Place/Location: Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		

April 2021

Sunday	Monday	Tuesday	Wednesday
4	5	6	7
O Stayed Home O Delivery O Symptoms			
11	12	13	14
O Stayed Home O Delivery O Symptoms			
18	19	20	21
O Stayed Home O Delivery O Symptoms			
25	26	27	28
O Stayed Home O Delivery O Symptoms			

Thursday	Friday	Saturday	Notes
1	2	3	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
8	9	10	
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
15	16	17	100
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	La Jana
22	23	24	100
O Stayed Home	O Stayed Home	O Stayed Home	
O Delivery	O Delivery	O Delivery	
O Symptoms	O Symptoms	O Symptoms	
29	30		
O Stayed Home	O Stayed Home		
O Delivery	O Delivery	d	
O Symptoms	O Symptoms		

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves		
Did others wear: Gloves	Mask \circ	
Direct contact with:		_
Date:	Time:	
		Place/Location:
Did you wear: Gloves	Mask	
Dia you wear. Gloves		
Did others wear: Gloves	Mask	
	Mask ○	
Did others wear: Gloves	Mask O	
Did others wear: Gloves		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves Direct contact with: Notes: Date:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves	Time:	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Time:	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Time: Mask O	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Time: Mask O	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves \circ	Mask \circ	
Direct contact with:		
Notes:		

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves		
Did others wear: Gloves	Mask \circ	
Direct contact with:		_
Date:	Time:	
		Place/Location:
Did you wear: Gloves	Mask	
Dia you wear. Gloves		
Did others wear: Gloves	Mask	
	Mask ○	
Did others wear: Gloves	Mask O	
Did others wear: Gloves		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves Direct contact with: Notes: Date:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves	Time:	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Time:	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Time: Mask O	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Time: Mask O	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves		
Did others wear: Gloves	Mask \circ	
Direct contact with:		_
Date:	Time:	
		Place/Location:
Did you wear: Gloves	Mask	
Dia you wear. Gloves		
Did others wear: Gloves	Mask	
	Mask ○	
Did others wear: Gloves	Mask O	
Did others wear: Gloves		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves O Direct contact with:		
Did others wear: Gloves Direct contact with: Notes: Date:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity:	Time:	
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves	Time:	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Time:	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves	Time: Mask O	Place/Location:
Did others wear: Gloves Direct contact with: Notes: Date: Activity: Did you wear: Gloves Did others wear: Gloves Direct contact with:	Time: Mask O	Place/Location:

Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask \circ	
Did others wear: Gloves	Mask \circ	
Direct contact with:		
Notes:		
Date:	Time:	
Activity:		Place/Location:
Did you wear: Gloves 이	Mask	
Did others wear: Gloves	Mask	
Direct contact with:		
Notes:		

May 2021

Sunday	Monday	Tuesday	Wednesday	
2	3	4	5	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
9	10	11	12	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
16	17	18	19	
O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	O Stayed Home O Delivery O Symptoms	
23 O Home O Delivery O Symptoms	24 O Home O Delivery O Symptoms	25	26	
O Home O Delivery O Symptoms	O Home O Delivery O Symptoms	O Stayed Home O Delivery	O Stayed Home O Delivery	
30	31	O Symptoms	O Symptoms	

Thursday	Friday	Saturday	Notes	
		1		
		O Stayed Home		
		O Delivery O Symptoms		
6	7	8		
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery	O Delivery	O Delivery		
O Symptoms	O Symptoms	O Symptoms		
13	14	15		
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery	O Delivery	O Delivery		
O Symptoms	O Symptoms	O Symptoms	I HOLD	
20	21	22		
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery	O Delivery	O Delivery		
O Symptoms	O Symptoms	O Symptoms		
27	28	29		
O Stayed Home	O Stayed Home	O Stayed Home		
O Delivery	O Delivery	O Delivery		
O Symptoms	O Symptoms	O Symptoms		