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| --- | --- | --- | --- |
| **Room number:** | **Department :** | **Student ID :** | **Name :** |

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| **Symptom** | | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 |
| **Temperature** | 10 am |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory Symptoms** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **① Cough** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **② Sore Throat** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **③ Breathing difficulties** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **④ Expectoration** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **⑤ ETC** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Temperature** | 4 pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory Symptoms** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **① Cough** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **② Sore Throat** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **③ Breathing difficulties** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **④ Expectoration** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **⑤ ETC** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |