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| --- | --- | --- | --- |
| **호실:** | **학과 :** | **학번 :** | **이름 :** |

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| **증상** | | **1일차** | **2일차** | **3일차** | **4일차** | **5일차** | **6일차** | **7일차** | **8일차** | **9일차** | **10일차** | **11일차** | **12일차** | **13일차** | **14일차** |
| **체온** | **오전 10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **호흡기 증상** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **① 기침** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **② 인후통** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **③ 호흡곤란** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **④ 객담** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **⑤ 기타** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **체온** | **오후 4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **호흡기 증상** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **① 기침** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **② 인후통** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **③ 호흡곤란** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **④ 객담** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **⑤ 기타** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |