



SEIU 121RN COVID19 SYMPTOM RECORD SHEET

Dates of Exposure:		Were You Exposed at Work?					Hospital?									
NAME:		DATE OF BIRTH:					Test Date		Test Result Date		Test Result					
DATE DR. CALLED		DAY NUMBER & DATE														
SIGNS & SYMPTOMS		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
TEMPERATURE (C/F) SITE FEBRILE or AFEBRILE																
PULSE HEART RATE																
BREATHING RATE/MINUTE RESPIRATIONS																
BLOOD PRESSURE WHERE?																
BLOOD OXYGEN LEVEL O2 SAT																
COUGH TUSSIS																
SPUTUM/PHLEGM (COLOR)																
SORE THROAT PAHRYNGITIS																
RUNNY NOSE/CONGESTION RHINORRHEA																
SHORTNESS OF BREATH DYSPNEA																
MUSCLE/JOINT PAIN ARTHRALGIA																
HEADACHE CEPHALGIA																
FATIGUE MALAISE																
DIARRHEA-HOW SEVERE/FREQUENT																
NAUSEA VOMITING EMESIS																
PINK EYE CONJUNCTIVITIS																
LOSS OF SMELL-ANOSMIA																
*SEVERE SHORTNESS OF BREATH DYSPNEA																
*DIFFICULTY BREATHING DYSPNEA																
*PRESSURE IN CHEST ANGINA How Long?																
*CHEST PAIN ANGINA																
* CLAMMY/MOTTLED SKIN DYSCHROMIA or LIVEDO																
*NEW CONFUSION *DISORIENTATION																
*DIFFICULT TO AROUSE-ALOC																
*BLUE LIPS/FACE CYANOSIS																
*LITTLE/NO URINE OUTPUT ANURIA-OLIGURIA																
*NECK STIFFNESS TORTICILLIS																
*NON-BLANCHING RASH (NBR)																

***Symptoms that indicate emergency. Contact 911.**