

Day: Date:	DAY 22		DAY 23		DAY 24		DAY 25		DAY 26		DAY 27		DAY 28	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Cough														
Difficulty Breathing														
Sore Throat														
Wheezing														
Other														
Fever-reducing medications taken*														

NOTES
