



Post-Fever COVID 19 Physical Signs/Symptoms Checklist

_____ is/has been showing the following signs/symptoms which should remain followed closely for any changes that warrant further or treatment.

***This form will be completed for 14 days following the identification of fever. If there is a NEW YES identified from the previous day, the RN will be notified immediately.*

Date of First Fever: _____ First Fever Temp: _____

Day 1: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____
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Day 2: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing Yes___ No___ Wheezing Yes___ No___ Coughing Yes___ No___ Trouble breathing Yes___ No___ Vomiting Yes___ No___ Diarrhea Yes___ No___ Constipation Yes___ No___ Chronic fatigue, tires easily, sleepiness Yes___ No___ Urine incontinence, retention Yes___ No___ Headaches	Yes___ No___ Any muscle aches or weakness Yes___ No___ Any Complaint of Pain Yes___ No___ Change in sleep pattern Yes___ No___ Change in appetite, eating Yes___ No___ Sweating Yes___ No___ Clammy Yes___ No___ Warm to the touch Yes___ No___ Cold to the touch Yes___ No___ Any changes in behavior? Explain. _____ _____ _____ _____
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Day 3: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 4: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 5: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 6: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 7: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 8: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 9: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 10: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 11: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 12: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 13: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

Day 14: _____ Completed by: _____ Time: _____ AM/PM

CHANGES IN USUAL PHYSICAL/BEHAVIOR PATTERNS

Yes___ No___ Sneezing	Yes___ No___ Any muscle aches or weakness
Yes___ No___ Wheezing	Yes___ No___ Any Complaint of Pain
Yes___ No___ Coughing	Yes___ No___ Change in sleep pattern
Yes___ No___ Trouble breathing	Yes___ No___ Change in appetite, eating
Yes___ No___ Vomiting	Yes___ No___ Sweating
Yes___ No___ Diarrhea	Yes___ No___ Clammy
Yes___ No___ Constipation	Yes___ No___ Warm to the touch
Yes___ No___ Chronic fatigue, tires easily, sleepiness	Yes___ No___ Cold to the touch
Yes___ No___ Urine incontinence, retention	Yes___ No___ Any changes in behavior? Explain. _____
Yes___ No___ Headaches	_____

