

Health-monitoring Checklist

Name: _____ Sex: M / F Age: _____

Please measure body temperature twice daily and record in the table below. If one has cough, sore throat, shortness of breath or other symptoms, please put a “√” in the corresponding box below:

Date															
Symptom	am														
	pm														
Cough															
Running nose															
Sore throat															
Shortness of breath															
Diarrhoea(>2 watery/loose stool per 24 hours)															
Vomiting															
Abdominal pain															
Headache															
Myalgia															

Note: If one develops fever ($\geq 38\text{ }^{\circ}\text{C}$) and cough, sore throat, or shortness of breath, or if one has any health problem, please call the Department of Health at: 2125 1133 (for inbound travellers from the Mainland, Macao and Taiwan) / 2125 1999 (for inbound travellers from overseas)