

Health Check Sheet

Year: 2020/21 Month: ____

Please take your temperature every day and mark ✓ if you have any symptoms that apply.

Faculty/Department				Student number				Name	
Day	Temperature	Runny nose	Sore throat	Cough	Phlegm	Fatigue	Breathlessness	Smell and taste issue	Other
e.g.	36.4			✓		✓			
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This sheet is for individual use only. You do not have to submit it.