

Symptoms

Record ID

Symptoms

Have you experienced any new symptoms of COVID-19?

☐ Yes

☐ No

When did your symptoms start?

Which of the following symptoms have you experienced?

☐ Sore Throat

☐ Cough

☐ Shortness of Breath

☐ Chest Pain

☐ Headache

☐ Runny Nose

☐ Congestion

☐ Fever

☐ Body Aches

☐ Nausea/Vomiting

☐ Diarrhea

Is there any other symptom you'd like to report or anything you would like us to know about your symptoms?