

## Recognizing the Symptoms of COVID-19

**NOTE: PLEASE READ THE INSTRUCTIONS CAREFULLY. ALL INFORMATION TO BE PROVIDED WILL BE STRICTLY CONFIDENTIAL.**

**INSTRUCTIONS:**

1. Please put your full name and department on the spaces provided (row 18).
2. List your pre-existing medical condition/s on the spaces provided (rows 19 and 20).
3. List the place/s you visited within the last four weeks which have reported positive Covid cases and the inclusive dates (rows 21 and 22).
4. If you have been exposed to a confirmed positive COVID patient / PUI / PUM, kindly put a check (✓) mark on the Yes box (row 23). Also indicate the date/s of exposure (row 24).
5. Listed on row 27 are the symptoms that appear on COVID-19 Positive Individuals.
6. If you have been experiencing any of the listed symptoms, kindly put a check (✓) or an X mark on the corresponding Symptoms boxes (row 28).
7. Put the actual dates when you experienced the symptoms you indicated (row 29).
8. Put the details of the symptoms you experienced on the Remarks boxes (row 30). Also indicate on the Remarks boxes (row 30) if you experience any other symptoms / symptoms of pre-existing medical conditions.
9. If you are not experiencing any symptoms, please put N/A on the Symptoms boxes (row 28).
10. Once this form has been fully accomplished, please send it back to HRDD (2020hrdd@gmail.com).

**Note: Should you experience any symptoms after sending us an accomplished form, kindly resubmit the form to our email.**

<b>NAME:</b>	<b>DEPARTMENT:</b>	<b>SEX:</b>
<b>PRE-EXISTING MEDICAL CONDITION/S:</b>		
N/A		
<b>PLACES (WITH REPORTED POSITIVE COVID CASES) VISITED:</b>		
<b>INCLUSIVE DATES:</b>		
<b>EXPOSURE TO CONFIRMED POSITIVE COVID-19 PATIENTS / PUIs / PUMs?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DATES EXPOSED:</b>		

**Early signs of Covid-19\***

*\* This is for reference purposes only. At any point in time, if you do not feel well consult a medical doctor immediately.*

DAYS	<b>Day 1-3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>	<b>Day 8</b>	<b>Day 9</b>
	<ol style="list-style-type: none"> <li>1. Symptoms similar to colds</li> <li>2. Mild throat pains</li> <li>3. No fever, not tired; still consume food and drink as normal</li> </ol>	<ol style="list-style-type: none"> <li>1. Throat a little bit painful; body feels like drunk</li> <li>2. Voice becoming hoarse</li> <li>3. Body temperature around 36.5°</li> <li>4. Beginneing of disturbance in eating habits</li> <li>5. Mild headaches</li> <li>6. Mild diarrhea</li> </ol>	<ol style="list-style-type: none"> <li>1. Throat pain and hoarse voice</li> <li>2. Mild body heat. Body Tempearture between 36.5° - 36.7°</li> <li>3. Weak body; feeling joint pains</li> </ol>	<ol style="list-style-type: none"> <li>1. Beginning of mild fever with temperature around 37°</li> <li>2. Dry cough</li> <li>3. Throat pains while eating; swallowing food, or talking</li> <li>4. Occasional difficulty in breathing</li> <li>6. Fingers feeling pain</li> <li>7. Diarrhea and vomiting</li> </ol>	<ol style="list-style-type: none"> <li>1. Higher fever from 37.4° - 37.8°</li> <li>2. Coughing incessantly with phlegm</li> <li>3. Body pains and headache</li> <li>4. Worsening diarrhea</li> <li>5. Vomitting</li> </ol>	<ol style="list-style-type: none"> <li>1. Fever around 38° or avobe 38°</li> <li>2. Breathing difficulties; heavy feeling in the chest when breathing</li> <li>3. Incessant coughs</li> <li>4. Headahces, joints becoming lame; buttocks pain.</li> </ol>	<ol style="list-style-type: none"> <li>1. Symptoms remain unchanged but becoming worse</li> <li>2. Worsening fever</li> <li>3. Worsening cough</li> <li>4. Difficulties in breathing and struggling hard to breathe</li> </ol> <p style="text-align: center;"><b>At this stage, blood tests and chest x-ray must be conducted immediately.</b></p>
<b>SYMPTOMS</b>							
<b>INCLUSIVE DATE/S</b>							
<b>REMARKS / NOTES</b>							

*\* from the Singapore Ministry of Health*

**Thank you for your cooperation!**