

Simple COVID-19 Personal Record Form																							
First Name:								Surname:								姓名:							
Date of Birth(d/m/y):								/ /								Age:							
Nationality:				British				Chinese				Other:											
Post Code:								Tel:															
Address:																							
Emergency Contact (紧急联系人信息)																							
Symptoms Recording Chart 症状记录表																							
Please mark "X" in blow square boxes 请在下表方格内用X标记您的症状; 例如首症状是发烧则在fever一行的“1”那列标记X; 咳嗽在第三天出现则在cough栏“3”那行标记上X; 请在“体温”与“血氧”栏记录每天测到的体温（摄氏度）与血氧饱和度数值（%） 脉搏为记录每分钟脉搏跳动次数，youtube搜关键词“How to take your pulse”有示范，手机app instant heart rate可以参考使用;呼吸频率为每分钟呼吸次数，一呼一吸计一次 <b>红色症状</b> 出现/呼吸频率>30次每分钟/血氧饱和度<93%提示进入 <b>危险区</b> ，请务必联系 <b>NHS</b>																							
First date of symptoms(请在本栏写下首次出现症状日期【日月年】):																							
Days		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Fatigue 乏力																							
Fever 发烧																							
Myalgia 肌肉酸痛																							
Cough 咳嗽																							
Headache 头痛																							
Sore Throat 咽痛																							
Diarrhoea 腹泻																							
Dyspnoea 呼吸困难																							
Chset Pain 胸痛																							
BodyTemperature体温:																							
PulseRate脉搏/心跳:																							
Respiratory Rate呼吸频率:																							
OxygenSaturation血氧%																							
What are your symptoms? 请写下您感到所有不舒服的症状与感觉																							
Are you allergic to any medications? 如果有药物过敏史请详细写下过敏药物																							
What medications are you taking? 请写下最近两周或您需要长期服用的药物及服用方法																							
Past medical hx: 请列出您患有的慢性病以及曾经因何病（外伤）住院治疗/手术																							
Other																							
If you are admitted please write down when did you take your last meal:																							

You can share this form to all of your friends no matter what his/her nationality is. Easy reading information can save meidical staffs' time and also save life.

Simple COVID-19 Personal Record Form 填写示范

First Name: <b>MIN</b>	Surname: <b>YAO</b>	姓名: <b>姚民</b>
Date of Birth(d/m/y): <b>01 / Apr / 1983</b>	Age: <b>37</b>	
Nationality: <input type="checkbox"/> British <input checked="" type="checkbox"/> Chinese <input type="checkbox"/> Other:		
Post Code: <b>MXX 7HX</b>	Tel:	

Address:  
Emergency Contact (紧急联系人信息)

**Symptoms Recording Chart 症状记录表**

Please mark "X" in blow square boxes 请在下表方格内用X标记您的症状;  
例如首症状是发烧则在fever一行的“1”那列标记X;  
咳嗽在第三天出现则在cough栏“3”那行标记上X;  
请在“体温”与“血氧”栏记录每天测到的体温 (摄氏度) 与血氧饱和度数值 (%)  
脉搏为记录每分钟脉搏跳动次数, youtube搜关键词“How to take your pulse”有示范, 手机app instant heart rate可以参考使用; 呼吸频率为每分钟呼吸次数, 一呼一吸计一次

**红色症状**出现/呼吸频率>30次每分钟/血氧饱和度<93%提示进入**危险区**, 请务必联系**NHS**

First date of symptoms(请在本栏写下首次出现症状日期【日月年】): 01/Apr/2020

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Fatigue 乏力	X	X	X	X	X	X	X	X	X													
Fever 发烧			X	X	X	X	X	X	X													
Myalgia 肌肉酸痛			X	X	X	X	X															
Cough 咳嗽					X	X	X	X	X													
Headache 头痛			X	X																		
Sore Throat 咽痛																						
Diarrhoea 腹泻					X	X	X	X														
Dyspnoea 呼吸困难									X													
Chset Pain 胸痛									X													
BodyTemperature体温:	37	37.2	38.5	39	39.1	39.5	39.5	38.2	38.1													
PulseRate脉搏/心跳:	90	92	100	110	120	126	120	110	114													
Respiratory Rate呼吸频率:	20	22	22	22	26	24	24	24	32													
Oxygen Saturation血氧%	99	99	98	98	96	96	95	95	92													

What are your symptoms? 请写下您感到所有不舒服的症状与感觉

Are you allergic to any medications? 如果有药物过敏史请详细写下过敏药物  
penicillin 青霉素

What medications are you taking? 请写下最近两周或您需要长期服用的药物及服用方法  
Salbutomal spray once a day沙丁胺醇喷剂  
Paracetamol 1g oral every 6 hours since 04/Apr/20 每6小时一次1g对乙酰氨基酚, 自4月4日以来

Past medical hx: 请列出您患有的慢性病以及曾经因何病 (外伤) 住院治疗/手术  
Asthma 15 yrs 哮喘15年

Other  
If you are admitted to the hospital, please write down when you took your last meal: