Fever Temperature Chart

PATIENT INFORMATION:

Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____

Address:

Phone Number: _____ Emergency Contact: _____

HEALTH INFORMATION:

Medical History:

Current Medications:

Allergies:

Chronic Conditions:

FEVER TEMPERATURE CHART

Date: _____ dd / mm / yyyy Time: _____

Temperature (°C): _____

Symptoms/Notes

Physician's Signature:

Primary Care Physician: _____ **Date:** _____ dd / mm / yyyy