## **Fever Temperature Chart**

Patient Information:			
Name:			
Date of Birth:	Gender:		
Address:			
Phone Number:	Emergency Contact:		
Health Information:			
Medical History:			
Current Medications:			
Allergies:			
Chronic Conditions:			
Fever Temperature Chart			
Date	Time	Temperature (°C)	Symptoms/Notes

\_ . \_ \_ . . .

Date:

**Primary Care Physician:** 

Physician's Signature: