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

Primary Care Physician:

Physician's Signature:

Date: