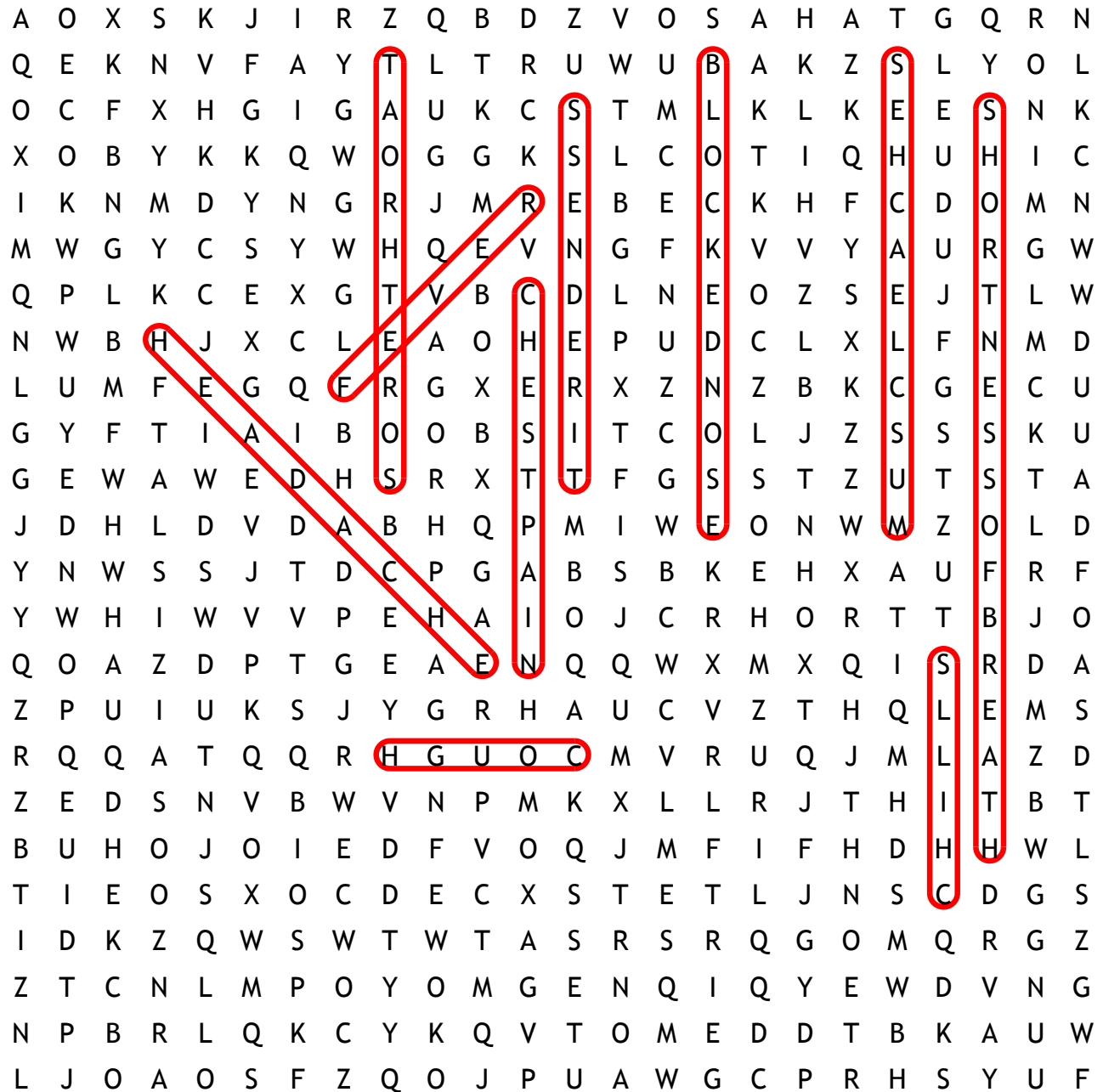


Name: _____

Date: _____

Symptoms of COVID-19



SHORTNESS OF BREATH

BLOCKED NOSE

MUSCLE ACHES

SORE THROAT

CHEST PAIN

TIREDNESS

HEADACHE

CHILLS

COUGH

FEVER