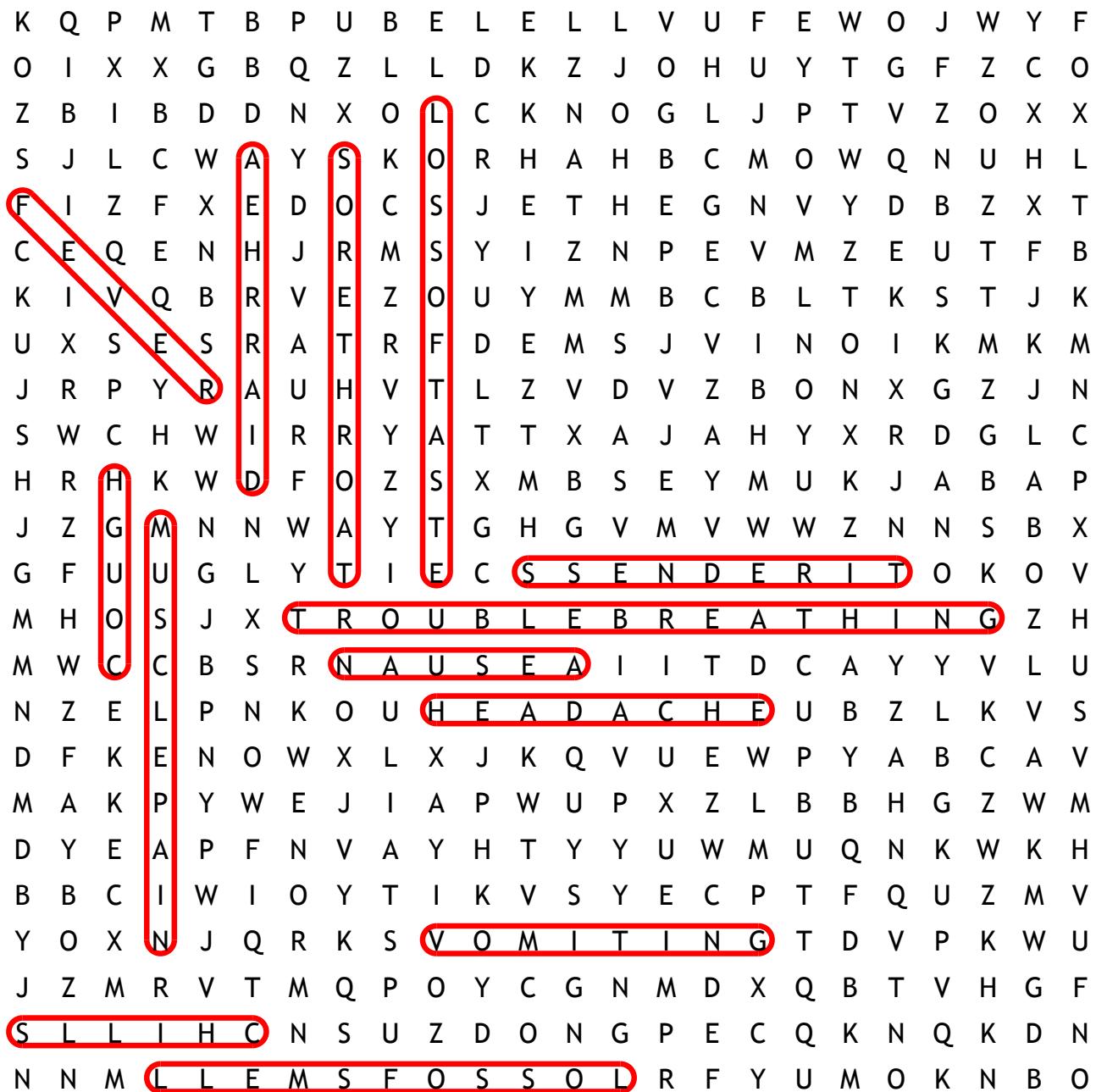


Name: _____

Date: _____

COVID-19 Symptoms



trouble breathing
muscle pain
vomiting
nausea
fever

loss of taste
sore throat
diarrhea
chills

loss of smell
tiredness
headache
cough