

Individual Health Tracking Checklist

Personal Information

Name	Date
Age	Contact

Daily Health Metrics

Date	Sleep (hrs)	Water Intake (cups)	Physical Activity (min)	Steps	Mood	Notes

Symptoms Checklist

Symptom	Yes / No	Comments
Fever		
Cough		
Shortness of Breath		
Headache		
Other		

Notes / Observations

Add any additional notes, observations, or concerns here.