



Pediatric Infectious Diseases Clinic

Name:

Address:

City:

Postal code:

Fever diary

Use this chart to keep track of your child's temperature and symptoms.
Please bring this diary with you to your clinic visits.

Date DD/MM/YY	Time	Temperature and method*	Illness/Symptoms	Medication given	How long fever lasted
<i>Example:</i> 21/04/14	<i>Example:</i> 8 am	<i>Example:</i> 38.7 By mouth	<i>Example:</i> Chills, coughing	<i>Example:</i> Junior Strength Tylenol	<i>Example:</i> 3 hours

* **Method** = Temperature taken by mouth, under arm, or in the ear

Important phone numbers:	
Infectious Disease Clinic (to make or change an appointment)	905-521-2100, ext 73874
Infectious Disease Clinic Nurse	905-521-2100, ext 73098