EHS HEALTH CHECK DOCUMENTATION FORM

Child's name: **Special condition:**

Month: **Year:** **Center:**

Day	Present X Absent O n/s not scheduled	Symptom code	Health check notes		Day	Present X Absent O n/s not scheduled	Symptom	Health Check Notes

Symptom codes:

1 = Well	5 = Diarrhea	9 = Mouth sore w drooling	13 = Sneezing/ runny nose	17 = Tired/sleepy
2 = Fever	6 = Eye drainage/ red	10 = Pain	14 = Urine odor	18 = Not comfortable in class
3 = Rash	7 = Head lice/ nits	11 = Sore/cuts	15 = Sad	19 = Unusual behavior
4 = Vomiting	8 = Chronic cough/wheezing	12 = Swelling or bruises	16 = Crying	20 = Cranky