



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
01				16			
02				17			
03				18			
04				19			
05				20			
06				21			
07				22			
08				23			
09				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			
				31			

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