HEAD START & early head start

Region 7 Education Service Center, Kilgore, Texas 75662

Daily Health Check List

Teacher:_____

School: _____

Month_____Year _____

After performing Daily Health Check, note any symptoms observed (by parent or staff) and, using Symptom Code below, indicate on form. Complete for each child.
Notify parents/school personnel/HS staff per ISD/Childcare Center procedures. If there are concerns or questions, contact the Head Start nurse assigned to your site.

Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Comments

Symptom Code:

A = Asthma/wheezing
BC = Behavior change (with no other symptoms)
BR = Bruise
D = Diarrhea
E = Eye drainage/pink eye
F = Fever
H = Headache
RA = Rash
RE = Respiratory (cold, cough, earache, sore throat)
S = Stomachache
U = Urine problem
V = Vomiting
X = Absent
☐ = No Symptoms (**LEAVE BLANK**)

Created: 07/14/2017 Reviewed 07/13/2018 Revised 07/13/2018