DAILY HEALTH CHECK SYMPTOMS RECORD

Month _____ Year _____

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

Symptom Code: **1 = asthma, wheezing**
2 = behavior change w/no other symptoms
3 = diarrhea
4 = fever
5 = headache
6 = rash
7 = (cold, cough, runny nose, earache, sore throat, red eyes)
8 = stomachache
9 = urine problem
10 = vomiting
11 = other – specify on back of form

**** PLACE CHECK MARK IN BOX IF NO SYMPTOMS WERE NOTICED***

A – child is absent

S – child is absent with illness

X – child was sent home

Adapted from Caring for Our Children