

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