



DAILY HEALTH OBSERVATION

Center/Home Base _____

- A- Absent
- B- Physical appearance within normal limits
- C- Unusual Behavior
- D- Temperature
- E- Ear Ache
- F- Drainage from Ears
- G- Eyes red
- H- Eyes Swollen
- I- Drainage from eyes
- J- Throat Sore
- K- Nose Drainage
- L- Nose Bleed
- M- Blister on lips/Mouth
- N- Bruises
- O- Rash
- P- Wounds
- Q- Diarrhea/Vomiting
- R- Coughing
- S- Sneezing
- T- Lice/Nits
- U- Insects Bites
- V- Swelling
- W- Complaint of Pain
- X- Present off Site
- y- Other

Month _____

Name	Date:	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	Drop Date

Any letter other than A or B at initial health observation or staff concerns that occur during day must be explained and documented using the "Daily Health Observation Summary" from H-306A

Staff Signature: _____