Daily Health Check

Program Name: _____ **Room:** _____ **Year:** _____

Child's Name _____

B: bruise	F: fever	I: irritable	OS: open sores	SR: skin rash	HL: head lice
L: listless	NS: nasal discharge	P: pale	LP: limp	S: sleepy	FL: flushed skin
A: absent	G: glazed eyes	MC: mild cough	D: diarrhea	BL: bleeding	OK: okay
N: nausea					

	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
JAN																															
FEB																															
MAR																															
APR																															
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