SETA Early Head Start
Infant/Toddler Centers

DAILY HEALTH CHECK

Child's Name _____ Teacher _____

Birthdate _____ Center _____ Month/Year _____

DATE

Leave Blank=Healthy		**Check Mark=Symptoms**																								
General Appearance		1. Sick																								
		2. Lethargic																								
SKIN		1. Abnormal Color																								
		2. Not Clear																								
		a. Rash																								
		b. Scaling																								
		c. Bruises																								
		d. Blisters																								
		e. Diaper rash																								
HEAD		1. Lice																								
		2. Scalp Irritation																								
		3. Soft Spot Irritation																								
EYES & EYELIDS		1. Discharge																								
		2. Redness																								
		3. Watery																								
NOSE		1. Stuffiness																								
		2. Drainage																								
		a. Green																								
		b. Yellow																								
		c. Clear																								
MOUTH		1. Sores																								
		2. Coating on Tongue																								
		3. Red																								
		4. Foul Breath																								
EARS		1. Pulling at Ears																								
		2. Discharge																								
CHEST		1. Cough of Croup																								
		2. Congested																								
		3. Difficulty breathing																								
		4. Wheezing																								
ABDOMEN		1. Pain/Colic/Gas																								
		2. Poor Appetite																								
		3. Refused Eating																								
		4. Vomited																								
BOWEL MOVEMENT		1. Hard																								
		2. Runny																								
ARMS		1. Pain																								
LEGS		1. Pain																								
TEMPERATURE																										
INITIALS																										