

Child Care Centre: _____ Room: _____

CASE IDENTIFICATION		SYMPTOMS													OUTCOME					
Date	Child's Initials	First Date of Symptoms	Abdominal Cramps	Blood in Stool	Chills	Coughing	Diarrhea	Eye Irritations/ Discharge	Fever	Headache	Looks Flushed/ Jaundice	Muscle Aches	Skin Rash	Sore Throat	Vomiting	Other Comments and Observations (Fever temperature and time taken, other symptoms)	Child Absent	Child Sent Home	Date of Return	Staff Initials
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