GOOD MORNING HEALTH CHECK
LOCATION CHART

Child’s Name ____________________
Teacher _________________________ Date ___________
Center _________________________ Time ___________

Key:
- I = Injury  
- BR = Bruise  
- OS = Open sores
- L = Lump  
- BL = Bleeding  
- SR = Skin rash
- F = Fever  
- D = Diarrhea  
- SC = Severe cough
- HL = Head lice  
- V = Vomiting  
- RN = Runny nose
- NB = Nose bleed  
- O = Other: _____________________

What symptom or problem did you observe? (Circle area, if relevant.)

________________________________________________________________________
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What did you do to solve the situation? (i.e. call parent, have parent get doctors release, report to DHS, etc.)

________________________________________________________________________
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GOOD MORNING HEALTH CHECK  
DAILY FORM

Teacher ___________________

Center ____________________  

Week of ____________________

Key:  I = Injury          BR = Bruise          OS = Open sores
      L = Lump           BL = Bleeding        SR = Skin rash
      F = Fever          D = Diarrhea         SC = Severe cough
      HL = Head lice     V = Vomiting         RN = Runny nose
      NB = Nose bleed    O = Other:  _________________

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MDCS (2/00)  
HS-31(b)