



UFCC FORM

CHILD DAILY HEALTH CHECK

Staff members must complete a visual check for each child daily.

Umbrella Family
and Child Centres
of Hamilton

CHILD'S NAME: _____ CLASSROOM: _____

Please include details about symptoms or visual marks in the NOTES column.

DATE	AM		PM		INT.	NOTES
	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled		
	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell		
	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks		
	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled		
	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell		
	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks		
	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled		
	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell		
	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks		
	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled		
	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell		
	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks		
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	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled	<input type="checkbox"/> Absent	<input type="checkbox"/> Not scheduled		
	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell	<input type="checkbox"/> Appears well	<input type="checkbox"/> Appears unwell		
	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks	<input type="checkbox"/> Has symptoms	<input type="checkbox"/> Visual Marks		

STAFF ON DUTY: Please print name and initial for reference.

NAME	INITIALS

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Last Revision Approved: March 11, 2022

Date of Next Review: March, 2023