

**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: _____

TYPE OF ENROLLMENT: ☐ Full Day ☐ AM ☐ PM Please include details about symptoms or visual marks in the NOTES column.

DATE	PLEASE INDICATE	INT.	NOTES
	<input type="checkbox"/> Absent <input type="checkbox"/> Appears well <input type="checkbox"/> Has symptoms	<input type="checkbox"/> Not scheduled <input type="checkbox"/> Appears unwell <input type="checkbox"/> Visual Marks	
	<input type="checkbox"/> Absent <input type="checkbox"/> Appears well <input type="checkbox"/> Has symptoms	<input type="checkbox"/> Not scheduled <input type="checkbox"/> Appears unwell <input type="checkbox"/> Visual Marks	
	<input type="checkbox"/> Absent <input type="checkbox"/> Appears well <input type="checkbox"/> Has symptoms	<input type="checkbox"/> Not scheduled <input type="checkbox"/> Appears unwell <input type="checkbox"/> Visual Marks	
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STAFF ON DUTY: Please print name and initial for reference.

NAME	INITIALS

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Last Revision Approved: April 12, 2022

Date of Next Review: April, 2023