



UFCC FORM

CHILD DAILY HEALTH CHECK

Umbrella Family and Child Centres of Hamilton

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

CHILD'S NAME: _____ CLASSROOM: _____

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

Table with 4 columns: DATE, PLEASE INDICATE (checkboxes for Absent, Appears well, Has symptoms, Not scheduled, Appears unwell, Visual Marks), INT., and NOTES. It contains 12 rows for daily health checks.

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

Three tables for staff on duty, each with columns for NAME and INITIALS.

Last Revision Approved: April 12, 2022
Date of Next Review: April, 2023