Year:

YEARLY DAILY HEALTH CHECK

R: Rash

Child's Name:

Date of Birth:

KEY: **A**: Absent

T/S: Loss of Taste/Smell

CS: Cuts/Scrapes

D: Diarrhea E: Earache I: Irritable

F: Fever/Chills FC: Flushed Complexion

G: Glazed Eyes H: Headache OK: Okay

OS: Open Sores

SB: Shortness of Breath P: Pale

F: Fatigue M: Mild Cough MA: Muscle Ache

N: Nasal Congestion/Discharge C: Cough

ST: Sore Throat NV: Nausea/Vomiting

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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