ENROLLMENT/ATTENDANCE/SYMPTOM RECORD

MONTH:	NUMBER OF DAYS FACILITY WAS OPEN:														
NAME	For each child, each day: **code top box ✚** = present, or **O** = absent, or **N** = Not scheduled. **Code bottom box O** = well, or with the symptom numbers from bottom of page.														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
TOTAL DAILY ATTENDANCE:															

SYMPTOM CODES:

1 = General mood/unusual behavior
2 = Unusual skin color
3 = Rash
4 = Swelling or bruises
5 = Sores or cuts
6 = Respiratory: sore throat, cough, sneezing, wheezing, runny nose
7 = Diarrhea
8 = Mouth sores with drooling
9 = Stomachache
10 = Vomiting
11 = Urine problems
12 = Headache
13 = Fever
14 = Eye drainage/redness
15 = Other: (i.e. pain) _____

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Adapted from Pennsylvania Chapter, American Academy of Pediatrics. 2002. Model child care health policies. 4th ed. Washington, DC: National Association for the Education of Young Children.