

DAILY HEALTH ASSESSMENT

Date: _____

Name of child/ parent: _____

Does your child have any of these symptoms?

- Abnormal body temperature ($\geq 38\text{ }^{\circ}\text{C}$)
- Cough (dry or productive)
- Loss of appetite
- Chills
- Nasal congestion
- Headache
- Feeling unwell/fatigue
- Sore muscles
- Runny nose/sneezing
- Sore throat/hoarseness
- Wheezing
- Shortness of breath/difficulty breathing
- Diarrhea
- Vomiting
- Other _____

If any of these signs and symptoms are present, please contact the Eastern Ontario Health Unit 1 800 267-7120

Child care staff signature: _____

12086 ICD-20e



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www.EOHU.ca • 1 800 267-7120 • www.BSEO.ca

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.

Si les renseignements sont requis dans un autre format, veuillez appeler au 1 800 267-7120 et faire le 0.