Report of Symptoms to Parents

Child's name:	*Age:*	*Birth date:*	*Today's date:*
Temperature is: °F or °C *Time:* am/pm	*Parent/guardian called at:* a.m./p.m.	*Temperature was taken:* ☐ *Under arm* ☐ *Mouth* *(preschool-school age only)*	

Please check all that apply

Skin	***Nose***	***Breathing***	***Bowel movements***
❑ Normal ❑ Flushed ❑ Hot ❑ Dry ❑ Pale ❑ Itchy ❑ Bruised ❑ Sweaty Color: ❑ Other: Area:	❑ Normal ❑ Bloody ❑ Mucous ❑ Congested ❑ Other:	❑ Normal ❑ Noisy ❑ Difficult ❑ Cough ❑ Fast ❑ Wheezing ❑ Other:	❑ Normal ❑ Hard ❑ Number ❑ Abnormal color ❑ Loose/watery ❑ Bloody ❑ Other: ❑ Black

Ears	***Rash***	***Urination***
❑ Normal ❑ Painful Right Left Both ❑ Discharge ❑ Other:	❑ Normal ❑ Itchy ❑ Raised bumps ❑ Hives ❑ Blisters ❑ Other: Color: Location:	❑ Every _____ hours/minutes ❑ None in 8 hours or more ❑ Bloody ❑ Brown ❑ Other:

Eyes	***Appetite***	***Behavior***
❑ Normal ❑ Watery ❑ Matted ❑ Swollen ❑ Uneven pupils ❑ Red ❑ Yellow or green discharge ❑ Itchy ❑ Pain ❑ Other:	❑ Normal ❑ Not eating ❑ Not drinking ❑ Eating very little ❑ Excessive eating ❑ Other:	❑ Normal ❑ Inconsolable ❑ Crying ❑ Irritable ❑ Restless ❑ Confused ❑ Tired ❑ Other: ❑ Convulsions

Child complains of:	***Vomiting***	***Sleep***
❑ Stomachache ❑ Nausea ❑ Throat pain ❑ Headache ❑ Feeling sick ❑ Pain - where:_____ ❑ Itchy - where:_____ ❑ Neck stiffness ❑ Other:_____ Child said:	❑ Undigested food ❑ With unusual force ❑ Mucous ❑ Clear/watery ❑ Dry heaves ❑ Between feedings ❑ Bloody ❑ After head injury ❑ Other:	❑ Normal ❑ Unusually drowsy ❑ Unable to sleep ❑ Difficult to awaken ❑ Other: ***Other comments or observations***

Notes: (List any medications or special care given here)		
Staff Name	*Signature*	*Date/time:*

For more information on when a child is too ill to attend, call the Communicable Disease Outreach Program at 425.339.5278.

Form developed by:
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