

Sick Child and Staff Log

Facility Name: _____ Phone #: _____ Director: _____

Name	Gender	Age	Class/Group/Staff	Onset Date & Time	Symptoms	Symptom Duration	Treatment/Action†	Hospitalized?	Date & Time returned to Facility
					<input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Fever: _____ °F <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Coughing <input type="checkbox"/> Other: _____				
					<input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Fever: _____ °F <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Coughing <input type="checkbox"/> Other: _____				
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Symptoms: D=Diarrhea V=Vomiting A=Abdominal Cramps N=Nausea R=Rash H=Headache C=Chills M=Muscle Aches

†Treatment/Action: Enter specific treatment or action provided (not allowed to attend, first aid applied, administered medication, sent home, sent back to group care, excluded for 48 hours, isolated, quarantined, etc.)

Sick child and staff logs must be kept for two months. If you see an increase in cases of vomiting, diarrhea, or other illnesses, contact Douglas County Health Department to help stop the spread of illness.