State of Illinois
Department of Human Services

MIGRANT & SEASONAL HEAD START - DAILY HEALTH CHECKLIST

Class _____ Date _____

Child's Name	General Appearance **T**ired **L**ethargic **Q**uiet **C**ranky **A**ctive **N**o Problems	Skin **F**lushed **P**ale **R**ash **B**ruise **C**uts **B**urns **B**ites	Head **B**umps **L**ice **I**nfection **H**air Loss	Eyes **R**unny clear **D**ischarge thick **P**ink **S**wollen	Ears **D**ishcarge **P**ulls at **H**ard of hearing	Nose **S**tuffy **R**unny **S**neezing **B**leed	Mouth/Throat **T**eething **M**outh breathing **W**hite patches **H**oarse **S**ore Throat	Neck **S**tiff **N**odes swollen	Chest **C**ough **W**heezing **B**reathing trouble	Stomach (abdomen) **H**urts **V**omiting	Bowel Movement **P**ainful **H**ard **L**oose **R**unny **G**reen **B**loody **M**ucus **S**melly	Urine **P**ainful **F**requent **S**melly **D**ark

Completed by Signature: _____