

Date: \_\_\_/\_\_\_/2020

# Daily Learner Health Report – COVID 19

Learner's Name & Surname: \_\_\_\_\_

Grade/Age: \_\_\_\_\_ Class name: \_\_\_\_\_

## Noticeable Symptoms

(Please make a tick (✓) next to the symptoms the learner shows)

	Arrival	Mid-Morning	Before Nap	After Nap	Before Departure
Temperature:	°C	°C	°C	°C	°C
Headache:					
Cough:					
Loss of Taste:					
Sore Throat:					
Rashes:					
Diarrhea:					
Loss of smell:					
Body Aches:					
Stuffy nose:					
Runny nose:					
Sneezing:					
Vomiting:					
Chills:					

**Educator's Report:**

**Notes:**

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\_\_\_\_\_  
Educator Name & Surname

\_\_\_\_\_  
Signature