



# DAILY LEARNER HEALTH REPORT

Date: \_\_\_\_\_ Class: \_\_\_\_\_

Learner's Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

## Noticeable Symptoms

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

	Arrival	Before Nap	Before Departure
Please leave the temperature section empty. Tic Toc will scan temperature			
Temperature	°C	°C	°C

Headache			
Cough			
Loss of Taste			
Sore throat			
Rashes			
Diarrhoea			
Loss of Smell			
Body Aches			
Stuffy nose			
Runny Nose			
Sneezing			
Vomiting			
Chills			

Educator's Notes: \_\_\_\_\_

Educator's Name: \_\_\_\_\_



I DO HEREBY CERTIFY THAT ALL INFORMATION SUPPLIED ON THIS DOCUMENT TO THE BEST OF MY KNOWLEDGE IS HONEST AND TRUTHFUL



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