**COLORADO**
**Department of Public Health & Environment**

# ILLNESS LOG

Child Care Facility Name: ____________________ Contact Person: ______________________ Phone #: ______________

| NAME | STUDENT | STAFF | CLASS/ GROUP and/or STAFF POSITION | ONSET DATE & TIME | Vomit | Diarrhea | Cough | Runny Nose | Fever | OTHER SYMPTOMS* | DIAGNOSIS/ + or - TEST** | Symptoms while at school | Stayed home | TREATMENT/ACTION† | DATE & TIME RETURNED TO GROUP CARE |
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* **Symptoms:** **A** = Abdominal Cramps **BD** = Bloody Diarrhea **N** = Nausea **M** = Muscle Aches **C** = Chills **H** = Headache **R** = Rash

****Diagnosis or Test: I**f reported to facility by staff/ guardian, please share positive or negative test results and/or healthcare provider diagnosis

† **Treatment/Action:** For example--First aid; admininistered meds; sent home; excluded for 48 hours, **if reported hospitalized please include DOB.**

Reviewed by Person in Charge:_________________________________ Date:_____________