Center Name _____ **Date** _____

Daily Sick Log

Use this form during flu season or a flu pandemic to track illnesses at your center. Keep this in a place where information can be confidential.

Date	Child or Staff Name	Age	Symptoms (fever, diarrhea, headache, etc.)	Flu-like Illness?	Absent? Sent Home?	Dates Out	Date Returned	Additional Information
	Totals							

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