

NOCAC CHILD DEVELOPMENT PERSONNEL  
**CHILD HEALTH OBSERVATION FORM**

HT-1125

Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Teacher/Option \_\_\_\_\_

Age \_\_\_\_\_ Time Parents Notified \_\_\_\_\_ Time Child Left Center \_\_\_\_\_

Expected length of absence according to parent: \_\_\_\_\_

Directions: Put check mark beside observations which describe the child. Write in description when necessary.

1. General Behavior

Hyperactive \_\_\_\_\_ Crying \_\_\_\_\_  
Listless \_\_\_\_\_ Tantrums \_\_\_\_\_  
Drowsy \_\_\_\_\_ Aggressive \_\_\_\_\_  
Angry \_\_\_\_\_ Withdrawn \_\_\_\_\_  
Excessive Hunger or Thirst \_\_\_\_\_  
Other \_\_\_\_\_

2. Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

3. Pain

Location \_\_\_\_\_  
Time first noticed \_\_\_\_\_  
Continuous \_\_\_\_\_ Intermittent \_\_\_\_\_  
Mild \_\_\_\_\_ Severe \_\_\_\_\_

4. Digestive System

Nausea \_\_\_\_\_  
Vomiting \_\_\_\_\_ Amount \_\_\_\_\_  
Describe \_\_\_\_\_  
Diarrhea \_\_\_\_\_ Frequency \_\_\_\_\_  
Describe \_\_\_\_\_  
Cramps \_\_\_\_\_ Gas \_\_\_\_\_ Worms \_\_\_\_\_  
Describe \_\_\_\_\_

5. Skin

Color \_\_\_\_\_  
Rash \_\_\_\_\_  
Location \_\_\_\_\_  
Describe \_\_\_\_\_  
Warm \_\_\_\_\_ Hot \_\_\_\_\_  
Cold \_\_\_\_\_ Clammy \_\_\_\_\_  
Perspiring \_\_\_\_\_  
Bruises or other injury \_\_\_\_\_  
Location \_\_\_\_\_  
Describe \_\_\_\_\_  
Swelling \_\_\_\_\_  
Describe \_\_\_\_\_

6. Face

Pale \_\_\_\_\_ Flushed \_\_\_\_\_  
Puffy \_\_\_\_\_ Haggard \_\_\_\_\_

7. Hair

First incidence of lice or nits: Yes \_\_\_\_\_ No \_\_\_\_\_  
Found: Nits \_\_\_\_\_ Lice \_\_\_\_\_  
Crusts \_\_\_\_\_ Bald Patches \_\_\_\_\_  
Date calendar/information given to family: \_\_\_\_\_  
Was oil given? \_\_\_\_\_ Comb? \_\_\_\_\_  
What does family still need? \_\_\_\_\_

8. Eyes

Color of whites of eyes?  
Red \_\_\_\_\_ Clear \_\_\_\_\_  
Yellow \_\_\_\_\_ Puffy \_\_\_\_\_  
Discharge \_\_\_\_\_ Clear \_\_\_\_\_ Cloudy \_\_\_\_\_

9. Ears

Discharge \_\_\_\_\_ Bleeding \_\_\_\_\_  
Odor \_\_\_\_\_

10. Nose

Bleeding \_\_\_\_\_  
Runny \_\_\_\_\_  
Clear \_\_\_\_\_ Cloudy \_\_\_\_\_  
With pus, yellow/green \_\_\_\_\_  
Sneezing \_\_\_\_\_ Stuffy \_\_\_\_\_  
Odor \_\_\_\_\_

11. Mouth and Throat

Spots \_\_\_\_\_ Color \_\_\_\_\_  
Swollen Glands \_\_\_\_\_ Sore Throat \_\_\_\_\_  
Odor \_\_\_\_\_

12. Neuromuscular

Stiffness of  
Neck \_\_\_\_\_ Arms \_\_\_\_\_  
Back \_\_\_\_\_ Legs \_\_\_\_\_  
Weakness or Paralysis  
Arms \_\_\_\_\_ Back \_\_\_\_\_ Legs \_\_\_\_\_

13. Convulsions

Duration \_\_\_\_\_  
Describe \_\_\_\_\_

14. Urinary System

Frequency \_\_\_\_\_  
Odor \_\_\_\_\_  
Pain \_\_\_\_\_  
Color \_\_\_\_\_

15. List disease/longer term health issue/operation causing extended absence from school:

Who gave this information? \_\_\_\_\_  
When will child return? \_\_\_\_\_

Name of parent or person who received this information:

Form submitted by: \_\_\_\_\_