

# Check Sheet of Health

Grade (     ) Class (     ) Name (                     )

Please check health of your child and fill in this sheet every day.

An elementary school student has to submit this to his/her teacher EVERY SCHOOL DAY.

Date		MON,	TUE,	WED,	THUR,	FRY,	SAT,	SUN,
Body's	Morning	(   )℃ (AM   :   )	(   )℃ (AM   :   )	(   )℃ (AM   :   )	(   )℃ (AM   :   )	(   )℃ (AM   :   )	(   )℃ (AM   :   )	(   )℃ (AM   :   )
Temperature	Evening	(   )℃ (PM   :   )	(   )℃ (PM   :   )	(   )℃ (PM   :   )	(   )℃ (PM   :   )	(   )℃ (PM   :   )	(   )℃ (PM   :   )	(   )℃ (PM   :   )
<div>Symptoms (しょうじょう)</div> <div>Please check applicable matter. (あてはまるものに「レ」をいれてください。)</div>		<div><input type="checkbox"/>Cough (せき) <input type="checkbox"/>Snivel (はなみず) <input type="checkbox"/>Sore Throat (のどいた) <input type="checkbox"/>Chocking (いきぐるしい) <input type="checkbox"/>Chest Pain (むねいた) <input type="checkbox"/>Physical Weariness (けんたいかん) <input type="checkbox"/>Others (そのほか)</div> <div>(            )</div>	<div><input type="checkbox"/>Cough (せき) <input type="checkbox"/>Snivel (はなみず) <input type="checkbox"/>Sore Throat (のどいた) <input type="checkbox"/>Chocking (いきぐるしい) <input type="checkbox"/>Chest Pain (むねいた) <input type="checkbox"/>Physical Weariness (けんたいかん) <input type="checkbox"/>Others (そのほか)</div> <div>(            )</div>	<div><input type="checkbox"/>Cough (せき) <input type="checkbox"/>Snivel (はなみず) <input type="checkbox"/>Sore Throat (のどいた) <input type="checkbox"/>Chocking (いきぐるしい) <input type="checkbox"/>Chest Pain (むねいた) <input type="checkbox"/>Physical Weariness (けんたいかん) <input type="checkbox"/>Others (そのほか)</div> <div>(            )</div>	<div><input type="checkbox"/>Cough (せき) <input type="checkbox"/>Snivel (はなみず) <input type="checkbox"/>Sore Throat (のどいた) <input type="checkbox"/>Chocking (いきぐるしい) <input type="checkbox"/>Chest Pain (むねいた) <input type="checkbox"/>Physical Weariness (けんたいかん) <input type="checkbox"/>Others (そのほか)</div> <div>(            )</div>	<div><input type="checkbox"/>Cough (せき) <input type="checkbox"/>Snivel (はなみず) <input type="checkbox"/>Sore Throat (のどいた) <input type="checkbox"/>Chocking (いきぐるしい) <input type="checkbox"/>Chest Pain (むねいた) <input type="checkbox"/>Physical Weariness (けんたいかん) <input type="checkbox"/>Others (そのほか)</div> <div>(            )</div>	<div><input type="checkbox"/>Cough (せき) <input type="checkbox"/>Snivel (はなみず) <input type="checkbox"/>Sore Throat (のどいた) <input type="checkbox"/>Chocking (いきぐるしい) <input type="checkbox"/>Chest Pain (むねいた) <input type="checkbox"/>Physical Weariness (けんたいかん) <input type="checkbox"/>Others (そのほか)</div> <div>(            )</div>	<div><input type="checkbox"/>Cough (せき) <input type="checkbox"/>Snivel (はなみず) <input type="checkbox"/>Sore Throat (のどいた) <input type="checkbox"/>Chocking (いきぐるしい) <input type="checkbox"/>Chest Pain (むねいた) <input type="checkbox"/>Physical Weariness (けんたいかん) <input type="checkbox"/>Others (そのほか)</div> <div>(            )</div>
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