Illness register

Te Whatu Ora
Health New Zealand
Capital, Coast, Hutt Valley and Wairarapa

NAME OF SERVICE:

NUMBER OF ENROLLED CHILDREN:

NUMBER OF STAFF:

Name	Date of birth	Male (M) Female (F)	Date of first symptoms	Date children returned	Symptoms e.g. fever, diarrhoea, vomiting abdominal pains	Action taken i.e. sent home at 1.20pm