HEALTH ROOM LOG

Date: _____

School Year: _____

Date	In/Out	Name	Grade	Reason	Initial Follow-up	Illness	First Aid/Injury	Medication	Health Ed./Counsel	Comm. Disease	Rest	Temperature	Infection Potential	Ineffective Coping	Altered Comfort	Altered Skin Integ	altered Resp. Funct.	Imparied Mobility	Activity Intolerance	Return to Class	Parent Contact	Home	Doctor/Hospital