

Health Card

Grade Class Name

- Please check your temperature both in the morning and the evening and fill in the blanks.
- Answer questions (1) to (3). If the answer is yes, write "O" in the blank. If the answer is NO, write "X".
- Parents should check the answers and sign or put their seals in the check box.

※ If your child has a fever over 37.5°C, they must stay at home to prevent mass infection at school.

Month•Date		5/18	5/19	5/20	5/21	5/22	5/23	5/24
Temperature	Morning	℃	℃	℃	℃	℃	℃	℃
	Evening	℃	℃	℃	℃	℃	℃	℃
(1) You feel energetic.								
(2) You ate breakfast.								
(3) No symptoms of cold. • Cough or sore throat • Runny nose • Diarrhea (If anything, mention it in the remarks)								
Remarks								
Parents' signature or seal								

Month•Date		5/25	5/26	5/27	5/28	5/29	5/30	5/31
Temperature	Morning	℃	℃	℃	℃	℃	℃	℃
	Evening	℃	℃	℃	℃	℃	℃	℃
(1) You feel energetic.								
(2) You ate breakfast.								
(3) No symptoms of cold. • Cough or sore throat • Runny nose • Diarrhea (If anything, mention it in the remarks)								
Remarks								
Parents' signature or stamp								

Month•Date		6/1	6/2	6/3	6/4	6/5	6/6	6/7
Temperature	Morning	℃	℃	℃	℃	℃	℃	℃
	Evening	℃	℃	℃	℃	℃	℃	℃
(1) You feel energetic.								
(2) You ate breakfast.								
(3) No symptoms of cold. • Cough or sore throat • Runny nose • Diarrhea (If anything, mention it in the remarks)								
Remarks								
Parents' signature or stamp								