



HYGIENE CHART



Write the appropriate date in each bracket then check off each task as it is completed. Use a new chart every 3 weeks.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
[] <input type="checkbox"/> Shower/Bath <input type="checkbox"/> Wash Hair <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Clean Ears <input type="checkbox"/> Clean Clothes <input type="checkbox"/> _____	[] <input type="checkbox"/> Shower/Bath <input type="checkbox"/> Wash Hair <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Clean Ears <input type="checkbox"/> Clean Clothes <input type="checkbox"/> _____	[] <input type="checkbox"/> Shower/Bath <input type="checkbox"/> Wash Hair <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Clean Ears <input type="checkbox"/> Clean Clothes <input type="checkbox"/> _____	[] <input type="checkbox"/> Shower/Bath <input type="checkbox"/> Wash Hair <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Clean Ears <input type="checkbox"/> Clean Clothes <input type="checkbox"/> _____	[] <input type="checkbox"/> Shower/Bath <input type="checkbox"/> Wash Hair <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Clean Ears <input type="checkbox"/> Clean Clothes <input type="checkbox"/> _____	[] <input type="checkbox"/> Shower/Bath <input type="checkbox"/> Wash Hair <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Clean Ears <input type="checkbox"/> Clean Clothes <input type="checkbox"/> _____	[] <input type="checkbox"/> Shower/Bath <input type="checkbox"/> Wash Hair <input type="checkbox"/> Brush Teeth <input type="checkbox"/> Clean Ears <input type="checkbox"/> Clean Clothes <input type="checkbox"/> _____
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OTHER THINGS TO CONSIDER:

- WASH HANDS BEFORE EATING
- WASH HANDS AFTER USING THE BATHROOM
- FLOSS YOUR TEETH AT LEAST 2X/WEEK
- KEEP YOUR HAIR NEATLY GROOMED AND COMBED
- KEEP FINGERNAILS AND TOENAILS NEATLY TRIMMED
- USE DEODERANT, MOUTHWASH, AND COLOGNE/PERFUME AS NEEDED