Daily Health Check:

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| The following tool is to be used by parents and caregivers to complete prior to their child coming to school. Daily Health Check:  |
| 1. Symptoms of Illness: | Does your child have any of the following symptoms?CIRCLE ONE |
| Fever  | YES  | NO  |
| Chills  | YES  | NO  |
| Cough or worsening of chronic cough  | YES  | NO  |
| Shortness of breath  | YES  | NO  |
| Sore throat  | YES  | NO  |
| Runny nose / stuffy nose  | YES  | NO  |
| Loss of sense of smell or taste  | YES  | NO  |
| Headache  | YES  | NO  |
| Fatigue  | YES  | NO  |
| Diarrhea  | YES  | NO  |
| Loss of appetite  | YES  | NO  |
| Nausea and vomiting  | YES  | NO  |
| Muscle aches  | YES  | NO  |
| Conjunctivitis (pink eye)  | YES  | NO  |
| Dizziness, confusion  | YES  | NO  |
| Abdominal pain  | YES  | NO  |
| Skin rashes or discoloration of fingers or toes  | YES  | NO  |
| 2. International Travel  | Have you or anyone in your household returned from travel outside Canada in the last 14 days?  | YES  | NO  |
| 3. Confirmed Contact  | Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?  | YES  | NO  |

If you answered “YES” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies) your child should **NOT** come to school.

If they are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner.

If you answered “YES” to questions 2 or 3, use the COVID-19 Self-Assessment Tool to determine if you should be tested for COVID-19.