Daily Health Check:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.