

Daily Health Check:

The following tool is to be used by staff prior to coming to school.			
Daily Health Check:			
1. Symptoms of Illness:	Do you 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) you 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.