



Date: _____

Name: _____

Daily Health Check

The following is a tool that must be used by parents/caregivers to complete prior to their child coming to school. It must also be used for school staff and visitors.

Daily Health Check			
1. Symptoms of Illness*	Does your child have any of the following symptoms?	Check Box Below	
	Fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Chills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Cough or worsening of chronic cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Shortness of breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Runny nose / stuffy nose	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Loss of sense of smell or taste	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Headache	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Fatigue	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Diarrhea	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Loss of appetite	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Nausea and vomiting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Muscle aches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Conjunctivitis (pink eye)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Dizziness, confusion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Abdominal pain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Skin rashes or discoloration of fingers or toes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. International Travel	Have you returned from travel outside Canada in the last 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*Check BCCDC's [Symptoms of COVID-19](#) regularly to ensure the list is up to date.

If you answered "YES" to any of the symptom questions are the symptoms related to a pre-existing condition? (e.g. allergies). YES NO

If "YES" the person may come to school if the symptoms are being experienced as normal.

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.

Completed By: _____