



Daily Health Check

Date: _____

Name: _____

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

| Daily Health Check | | | |
|-------------------------|---|------------------------------|-----------------------------|
| 1. Symptoms of Illness* | For parents: Does your child have any of the following symptoms? For staff/visitor: Do you 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 |
| | Loss of sense of smell or taste | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Diarrhea | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Nausea and vomiting | <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 "NO", the symptoms are not related to a pre-existing condition see the following information:

If you answered "YES" to one of the questions included under 'Key Symptoms of Illness' (excluding fever), you should stay home for 24 hours from when the symptom started. If the symptom improves, you may return to school when you feel well enough. If the symptom persists or worsens, seek a health assessment.

If you answered "YES" to two or more of the questions included under 'Symptoms of Illness' or you have a fever, seek a health assessment. A health assessment includes calling 8-1-1, or a primary care provider like a physician or nurse practitioner. If a health assessment is required, you should not return to school until COVID-19 has been excluded and your symptoms have improved.

When a **COVID-19 test** is recommended by the health assessment:

- If the COVID-19 test is **positive**, you should stay home until you are told by public health to end self-isolation. In most cases this is 10 days after the onset of symptoms. Public health will contact everyone with a positive test.
- If the COVID-19 test is **negative**, you can return to school once symptoms have improved and you feel well enough. Symptoms of common respiratory illnesses can persist for a week or more. Re-testing is not needed unless you develop a new illness.
- If a COVID-19 **test is recommended but is not done** because you choose not to have the test, or you do not seek a health assessment when recommended, and your symptoms are not related to a previously diagnosed health condition, you should stay home from school until 10 days after the onset of symptoms, and then you may return if you are feeling well enough.

If a COVID-19 test is not recommended by the health assessment, you can return to school when symptoms improve and you feel well enough. Testing may not be recommended if the assessment determines that the symptoms are due to another cause (i.e. not COVID-19).

Completed By: _____