



Daily Health Check

Dear Parent/Guardian,

Parents and caregivers are required to perform a daily health check with their child(ren) at home prior to attending school. The information below from the Provincial Health Officer outlines the daily health check process. Please review the information, sign and return to school with your child to acknowledge that you understand this daily expectation. This information is also available on our website for your reference at home.

Parents and caregivers please take time to review with your child prior coming to school.

1. Symptoms of Illness: Does your child have any of the following symptoms?

- | | | |
|--|--|--|
| <input type="checkbox"/> fever | <input type="checkbox"/> loss of sense of smell or taste | <input type="checkbox"/> muscle aches |
| <input type="checkbox"/> chills | <input type="checkbox"/> headache | <input type="checkbox"/> conjunctivitis (pink eye) |
| <input type="checkbox"/> cough or worsening of chronic cough | <input type="checkbox"/> fatigue | <input type="checkbox"/> dizziness, confusion |
| <input type="checkbox"/> shortness of breath | <input type="checkbox"/> diarrhea | <input type="checkbox"/> abdominal pain |
| <input type="checkbox"/> sore throat | <input type="checkbox"/> loss of appetite | <input type="checkbox"/> skin rashes or discoloration of fingers or toes |
| <input type="checkbox"/> runny nose/stuffy nose | <input type="checkbox"/> nausea and vomiting | |

2. International Travel: Have you or anyone in your household returned from travel outside of Canada in the last 14 days?

3. Confirmed Contact: Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?

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 your child is experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes calling 811 or a primary care provider like a physician or nurse practitioner.

After assessing your child, if you answered “YES” to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](https://www.thrive.health/bc-self-assessment-tool) (<https://www.thrive.health/bc-self-assessment-tool>) to determine if you should be tested for COVID-19.

If a student exhibits symptoms while at school; the family will be contacted, a mask will be provided for the student, and they will be moved to a secure space to wait pick-up.

(Please tear off and return to school with your child.)

I have reviewed the above Daily Health Check requirements. Should my child exhibit any of the above symptoms I will not send them to school and will follow up with an appropriate health-care provider or call 811 for further guidance.

Student Name: _____ Grade: _____

Classroom/Learning Group Teacher: _____

Parent Signature: _____