

DAILY HEALTH CHECK

1. Symptoms of illness	Do you (staff)/Does your child (parent) have any of the following symptoms?		
	Fever	Yes	No
	Chills	Yes	No
	Cough or worsening of chronic cough	Yes	No
	Shortness of breath	Yes	No
	Sore throat	Yes	No
	Runny/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, confusions	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
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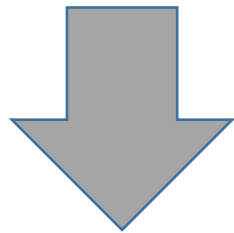
3. Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	Yes	No
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Please see reverse for flow chart

If you answered **YES** to
ANY of the above
questions

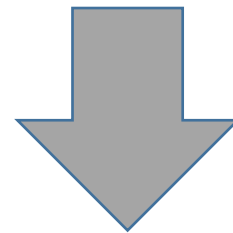
AND

If your symptoms are **NOT**
related to a pre-existing
condition (ie. allergies)



STEP 1:

DO NOT
come to school



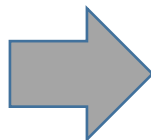
STEP 2:

Contact one of the following
health-care providers for
further assessment:

8-1-1 (HealthLinkBC)

Physician or Nurse Practitioner

If you answered
YES
to Questions 2 or 3



Use the
COVID-19 Self-Assessment Tool
<https://bc.thrive.health/covid19/en>
to determine if you should be
tested for COVID-19