



# Daily Health Check

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

As part of BC's School Restart Plan, all parents and caregivers are responsible for assessing their child(ren) daily before sending them to school. Please read the contents of this form carefully, fill out the statement box below, and return to your child's school.

Please use the following tool to complete your Daily Health Check with your child(ren):

Daily Health Check			
1. Symptoms of	Does your child 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

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

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 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.

\*\*\*\*\*Please cut along this line \*\*\*\*\*

I have carefully read this form and understand my parental responsibility for each day prior to sending my child(ren) to school. I accept the responsibility and agree to complete the health check every morning prior to school for the duration of the 2020-2021 school year.

Child Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_