## **DAILY HEALTH ASSESSMENT**

All parents, guardians, and/or caregivers MUST conduct a Daily Health Assessment of their child(ren) before sending them to school. Keep this checklist in a well-frequented area (like your kitchen) and incorporate the assessment into your morning routine before leaving for school.

| 1. Symptoms of Illness                          |                                                                                                                          | Does your child have any of the following symptoms? Please circle ONE for each line. |    |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----|
| 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<br>household returned from travel<br>outside Canada in the last 14 days?                      | YES                                                                                  | NO |
| 3. Confirmed Contact                            | Are you or is anyone in your<br>household a public health confirmed<br>contact of a person confirmed to<br>have COVID-19 | YES                                                                                  | NO |

**IMPORTANT:** 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 MUST NOT come to school.

If you answered "YES" to questions 2 or 3, use the COVID-19 Self-Assessment Tool (https://bc.thrive.health) to determine if you should be tested for COVID-19. Please regularly check BCCDC's Symptoms of COVID-19 regularly to ensure the list is up to date. If any of your children 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.