## Appendix D: Daily Health Assessments

The following are Daily Health Assessments which must be completed each day prior to staff attending work and students attending school.

## STUDENT: Daily Health Assessment Prior to Student Attendance at School

All parents, guardians, and/or caregivers have the responsibility to conduct a Daily Health Assessment of your child(ren) each day before sending them to school. Do not return this form to your school.

Keep this Daily Health Assessment in a handy, reusable area (such as your kitchen) and incorporate this Daily Health Assessment questionnaire into your morning routine, before leaving for school.

Parent-Child(ren)  Daily Health Assessment			
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 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 public health confirmed contact of a person confirmed to 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.