



## Health Check Form

To ensure the safety of our staff and students all parents are required to complete the following Health Check with their child each morning prior to leaving for school.

1. Symptoms of Illness	Do you have any of the following symptoms?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fever
Yes <input type="checkbox"/> No <input type="checkbox"/>	Chills
Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough or worsening of chronic cough
Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of Breath
Yes <input type="checkbox"/> No <input type="checkbox"/>	Runny nose/stuffy nose
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sore Throat
Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of sense of smell or taste
Yes <input type="checkbox"/> No <input type="checkbox"/>	Headache
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fatigue
Yes <input type="checkbox"/> No <input type="checkbox"/>	Diarrhea
Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of Appetite
Yes <input type="checkbox"/> No <input type="checkbox"/>	Nausea and vomiting
Yes <input type="checkbox"/> No <input type="checkbox"/>	Muscle Aches
Yes <input type="checkbox"/> No <input type="checkbox"/>	Conjunctivitis (pink eye)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Dizziness, confusion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Abdominal Pain
Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin Rashes or discoloration of fingers or toes
2. International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?
Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If you answered <b>“Yes”</b> to any of the questions and the symptoms are not related to a pre-existing condition (i.e. Allergies/Asthma) you should not come to school. If there is a pre-existing condition answer <b>“No”</b>.</p>	
<p>If you are experiencing any symptoms of illness, contact your health-care provider for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner.</p>	
<p>If you answered <b>“YES”</b> to questions 2 or 3, use the COVID-19 Self-Assessment Tool to determine if you should be tested for COVID-19.</p>	