



HILLCREST ELEMENTARY

School District No. 83

Welcome to Hillcrest Elementary School! To ensure the safety of our staff and students all visitors are required to...

- ✓ Complete the **Heath Check Form** below
- ✓ **Sanitize** your Hands
- ✓ Sign our **Visitor's Log**
- ✓ **Wear a Mask** when inside the building
- ✓ Report to the **Office**

Visitor Health Check Form

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|----------------------------|--|
| 1. Key Symptoms of Illness | Do you have any of the following symptoms? |
| | Fever Chills Cough or worsening chronic cough Shortness of breath Loss of sense of smell or taste Diarrhea Nausea and vomiting |
| 2. International Travel | Have you returned from travel outside Canada in the last 14 days? |
| 2. Confirmed Contact | Are you a confirmed contact of a person confirmed to have COVID-19? |

If you answered “YES” to any of the above symptoms, and they are not related to a pre-existing condition (e.g. allergies), **YOU SHOULD NOT ATTEND SCHOOL.**

If only one symptom (excluding fever) is present: you should stay home and self-monitor for 24 hours from when the symptom started. If the symptom continues past that window or worsens, seek a health assessment. If the symptom improves, you may return to school when you feel well enough.

If you have a fever, or if two or more key symptoms are present: **seek a health assessment.** A health assessment can include calling 811 or a primary care provider like a physician or nurse practitioner – the assessment will determine whether a COVID-19 test is recommended.

If you answered “YES” to questions 2 or 3, use the **[COVID-19 Self-Assessment Tool](#)** or call **811** to determine if you should seek testing for COVID19.