



# Daily Health Check

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

Name: \_\_\_\_\_

The following is a tool that must be used by parents/caregivers to complete prior to their child coming to school, and for staff and visitors to be completed on themselves.

| Daily Health Check          |   |                              |                             |
|-----------------------------|---|------------------------------|-----------------------------|
| 1. Key Symptoms of Illness* | For parents: Does your child have any of the following symptoms?<br>For staff/visitor: Do you have any of the following symptoms? | Check Box Below              |                             |
|                             | Fever   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                             | Chills  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                             | Cough or worsening of chronic cough   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                             | Shortness of breath   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                             | Loss of sense of smell or taste   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                             | Diarrhea  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                             | Nausea and vomiting   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. International Travel     | Have you returned from travel outside Canada in the last 14 days?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Confirmed Contact        | Are you a confirmed contact (determined by Public Health) of a person confirmed to have COVID-19?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> 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 symptom questions, are the symptoms related to a pre-existing condition? (e.g. allergies).

- YES If "YES" the person may come to school if the symptoms are being experienced as normal.
- NO If "NO", the symptoms are not related to a pre-existing condition see the following information:

**If you answered "YES" to one of the questions included under 'Key Symptoms of Illness' (excluding fever) and it is not due to a pre-existing condition, you should stay home for 24 hours from when the symptom started. If the symptom improves, you may return to school when you feel well enough. If the symptom persists or worsens, seek a health assessment.**

**If you answered "YES" to two or more of the questions included under 'Key Symptoms of Illness' or you have a fever, seek a health assessment. A health assessment includes calling 8-1-1, or a primary care provider like a physician or nurse practitioner. If a health assessment is required, you should not return to school until COVID-19 has been excluded and your symptoms have improved.**

When a **COVID-19 test** is recommended by the health assessment:

- If the COVID-19 test is **positive**, you should stay home until you are told by public health to end self-isolation. In most cases this is 10 days after the onset of symptoms. Public health will contact everyone with a positive test.
- If the COVID-19 test is **negative**, you can return to school once symptoms have improved and you feel well enough. Symptoms of common respiratory illnesses can persist for a week or more. Re-testing is not needed unless you develop a new illness.
- If a COVID-19 test is **recommended but is not done** because you choose not to have the test, or you do not seek a health assessment when recommended, and your symptoms are not related to a previously diagnosed health condition, you should stay home from school until 10 days after the onset of symptoms, and then you may return if you are feeling well enough.

If a COVID-19 test is not recommended by the health assessment, you can return to school when symptoms improve and you feel well enough. Testing may not be recommended if the assessment determines that symptoms are due to another cause (i.e. not COVID-19).

**Note: Direction provided by Public Health (e.g. 8-1-1, contact trace investigators, isolation letters, etc.) takes precedence over direction provided in this Daily Health Check.**

If you answered "YES" to questions in sections 2, or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if you should seek testing for COVID-19. A health-care provider (i.e. a doctor's note) should not be required to confirm the health status of any individual.

Completed By: \_\_\_\_\_