

Daily Health Check for Parents

Q1. Symptoms of Illness

Does your child have any of the following symptoms?	Circle One	
Fever	YES	NO
Chills	YES	NO
Cough or worsening 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

Q2. International Travel

Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES	NO
---	-----	----

Q3. Confirmed Contact

Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	YES	NO
--	-----	----

- **If you have answered “YES” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies) your child should NOT come to school.**
- If they are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 8-1-1, or primary care provider like a physician or nurse practitioner.
- If you answered “YES” to questions 2 or 3, use the **COVID-19 Self-Assessment Tool** to determine if you should be tested for COVID-19.