CAMPBELL RIVER
School District 72

APPENDIX B: Student Daily Health Check

Student Name: _____ Date: _____/_____/2020
(MM / DD/ YEAR)

School: _____ Grade: _____ Teacher: _____

Parent/Caregiver Completing Assessment: _____

Complete this Self-Health check each day.

Our schools are clean and sanitized daily. They are low risk for virus transmissions. **Please do not enter a School District 72 facility if you:**

- Answer yes to any of the health check questions
- Have a temperature above 38 °C
- Have unusual or persistent respiratory symptoms

1. Does your child have any of the following symptoms?

A.	Fever	Yes ☐ No ☐
B.	Chills	Yes ☐ No ☐
C.	Cough	Yes ☐ No ☐
D.	Shortness of breath	Yes ☐ No ☐
E.	Sore throat	Yes ☐ No ☐
F.	Runny/stuffy nose	Yes ☐ No ☐
G.	Loss of sense of smell or taste	Yes ☐ No ☐
H.	Headache	Yes ☐ No ☐
I.	Fatigue	Yes ☐ No ☐
J.	Diarrhea	Yes ☐ No ☐
K.	Loss of appetite	Yes ☐ No ☐
L.	Nausea and vomiting	Yes ☐ No ☐
M.	Muscle aches	Yes ☐ No ☐
N.	Conjunctivitis (pink eye)	Yes ☐ No ☐
O.	Dizziness, confusion	Yes ☐ No ☐
P.	Abdominal pain	Yes ☐ No ☐
Q.	Skin rashes	Yes ☐ No ☐
R.	Discoloration of fingers/toes	Yes ☐ No ☐

2. Have you or anyone in your household returned from travel outside Canada in the last 14 days?
Yes ☐ No ☐

3. Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?
Yes ☐ No ☐

If you answered **"YES"** to any of the questions and the symptoms are not related to a pre-existing condition, your child must 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 a primary care provider like a physician or a nurse practitioner.