



Daily Health Check Form

Please Complete, Sign, and Return a copy of this form on the first day of school.

This is to confirm you understand your responsibility to conduct this Daily Health Check on your child.

All parents, guardians and/or caregivers have the responsibility to conduct a Daily Health Check of your child each day before sending them to school. This is a one-time form; a copy does not need to be submitted to your school each day.

Daily Health Assessment			
1. Symptoms of illness*	Does your child have any of the following symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of 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
2. International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES	NO
3. 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 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 any of your children are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 81-1, or a 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.

CONFIRMATION OF UNDERSTANDING

Please sign and return to the on the first day of school.

By signing this form, you acknowledge you have received the Daily Health Check Form, understand your responsibilities and how to use the daily health check, and agree to conduct a daily health check with your child.

Parent Name: _____ Parent Signature: _____

Student Name: _____ Grade: _____