Daily Health Check

Please use this tool to assess your child before coming to Spare Time

	Daily Health Check		
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	Have you or anyone in your household returned from	YES	NO
Travel	travel outside Canada in the last 14 days?		
3. Confirmed Contac	t Are you or is anyone in your household a confirmed	YES	NO
	contact of a person confirmed to have COVID-19?		

^{*}Check BCCDC's <u>Symptoms of COVID-19</u> regularly to ensure the list is up to date.

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 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 nurse practitioner.

If you answered "YES" to questions 2 or 3, use the Covid Self-Assessment tool: https://bc.thrive.health/

to determine if you should be tested for COVID-19.