



# COVID-19 Daily Health Assessment Form – STUDENT

This is to confirm you understand your responsibility to conduct this Daily Health Assessment on your child. A second copy of the Daily Health Assessment is provided for you to keep at home as a reference.

All parents, guardians, and/or caregivers have the responsibility to conduct a Daily Health Assessment of the student 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			
<b>1. COVID-19 Symptoms</b>		Do you have any of the following symptoms?	
Fever (over 38°C)		YES	NO
Chills		YES	NO
Cough or worsening of chronic cough		YES	NO
Difficulty breathing		YES	NO
Loss of sense of smell or taste		YES	NO
Sore throat		YES	NO
Loss of appetite		YES	NO
Extreme fatigue or tiredness		YES	NO
Headache		YES	NO
Body aches		YES	NO
Nausea and vomiting		YES	NO
Diarrhea		YES	NO
<b>2. International Travel</b>	Have you returned from travel outside Canada in the last 14 days?	YES	NO
<b>3. Close Contact</b>	Have you had contact with a person who has COVID-19? You would have been advised of this by Public Health.	YES	NO
<b>4. Isolate</b>	Have you been told to isolate by Public Health?	YES	NO

## WHAT TO DO NEXT

If you answered “No” to all of the above (1-4), the student is welcome to attend school.

1. If you answered “Yes” to any of the above symptoms, follow the instructions below:

SYMPTOMS		WHAT TO DO
Fever (above 38°C) Chills Cough	Loss of sense of smell or taste Difficulty breathing	<b>1 or more of these symptoms:</b> Get tested and stay home.
Sore throat Loss of appetite Headache Body aches	Extreme fatigue or tiredness Nausea or vomiting Diarrhea	<b>If you have 1 symptom:</b> Stay home until you feel better. <b>If you have 2 or more of these symptoms:</b> Stay home and wait 24 hours to see if you feel better. Get tested if not better after 24 hours.

2. If you answered “Yes” to travelling internationally within the last 14 days,  
*Self-quarantine for 14 days at home from the date that you arrived back in Canada.*

3. If you answered “Yes” to being a Public Health confirmed close contact of someone who has COVID-19,  
*Self-isolate at home for 14 days. If you also have any symptoms or develop any, get tested for COVID-19.*

**Note:** People who are close contacts are notified by Public Health.

4. If you answered “Yes” to having been told to isolate, you must stay home until Public Health says it is safe to return

Access the BC COVID-19 Self-Assessment Tool (<https://bc.thrive.health/covid19/en>) anytime to determine if your child should seek testing for COVID-19.

See over →

## CONFIRMATION OF UNDERSTANDING

Please sign and return this form to the school office.

Going forward, I understand and commit to conducting a Daily Health Assessment and following the instructions on this form.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_