



# Daily Health Assessment Form – Student

This document is an updated Daily Health Assessment following BCCDC’s COVID-19 Public Health Guidance for K-12 School Settings dated September 11, 2020.

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.

| Student Daily Health Assessment     |  |  |    |
|-------------------------------------|--|--|----|
| 1. Key Symptoms of Illness          |  | Does the student have any of the following symptoms? |    |
| Fever                               |  | YES  | NO |
| Chills                              |  | YES  | NO |
| Cough or worsening of chronic cough |  | YES  | NO |
| Shortness of breath                 |  | YES  | NO |
| Loss of sense of smell or taste     |  | YES  | NO |
| Diarrhea                            |  | YES  | NO |
| Nausea and vomiting                 |  | YES  | NO |
| 2. International Travel             | Has the student returned from travel outside Canada in the last 14 days?   | YES  | NO |
| 3. Confirmed Contact                | Is the student a confirmed contact of a person confirmed to have COVID-19? | YES  | NO |

If you answered “YES” to one of the questions included under ‘Key Symptoms of Illness’ (excluding fever), the student should stay home for 24 hours from when the symptoms started. If the symptom improves, the student may return to school when they feel well enough. If the symptom persists or worsens, seek a health assessment.

If you answered “YES” to two or more of the questions included under ‘Key Symptoms of Illness’ or the student has a fever, seek a health assessment. A health assessment includes calling a primary care provider like a physician or nurse practitioner, or 8-1-1 if these options are unavailable. If a health assessment is required, the student should not return to school until COVID-19 has been excluded and symptoms have improved.

If you answered “YES” to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if the student should seek testing for COVID-19.

If a COVID-19 test is not recommended by the health assessment, the student can return to school when symptoms improve and they feel well enough. Testing may not be recommended if the assessment determines that the symptoms are due to another cause (i.e. not COVID-19).

### 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 above instructions.

1. Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

2. Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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