SCHOOL DISTRICT 5
SOUTHEAST KOOTENAY

School District No. 05 (Southeast Kootenay) Self-Assessment Waiver

This form is provided to ensure parents/guardians are aware of symptoms of COVID-19 and also aware of the requirement to self-assess children before they attend school. In order to adhere to the Public Health Officer, Ministry of Education, BC Centre for Disease Control and WorkSafe BC, the following guidelines must be adhered:

Stay home if you have symptoms of COVID-19 or travelled outside of Canada in the last 14 days.

- The most common symptoms of COVID-19 include: **fever, chills, cough or worsening of chronic cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, or muscle aches.**
- Additional symptoms may include: stuffy nose, conjunctivitis (pink eye), dizziness/confusion, abdominal pain, skin rashes or discoloration of fingers or toes.

Parents and caregivers must assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them to school.

- **If a child has any symptoms, they must not go to school. Anyone who is sick will not be allowed in school.**
- Parents/guardians will be required to monitor their children daily for symptoms and not send them to school if they are sick.

Any student who has cold, influenza, or COVID-19-like symptoms should seek assessment by a health-care provider.

- Students may still attend school if a member of their household has cold, influenza, or COVID19-like symptoms, provided the student is asymptomatic. It is expected the symptomatic household member is seeking assessment by a health-care provider.
- Students who experience seasonal allergies or other COVID-19-like symptoms, which are related to an existing condition can continue to attend school when they are experiencing these symptoms as normal. If they experience any change in symptoms they should seek assessment by a health-care provider.

The Parent/Guardian confirms they understand the requirement to self-assess their child before attending school and adhere to the abovementioned items.

_____ _____

Parent/Guardian Date

Student(s):

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Daily Health Check				
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

* - check BCCDC's Symptoms of COVID-19 regularly to ensure 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-19 Self-Assessment Tool to determine if you should be tested for COVID-19.