Please do not enter the school of district facility if any of the answers below are Yes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Daily Health Check** |  |  |
| 1. | Symptoms of Illness | Do you have any of the following new key symptoms? | Circle One | |
|  |  | Fever (above 38 C) or chills | Yes | No |
|  |  | Cough | Yes | No |
|  |  | Loss of sense of smell or taste | Yes | No |
|  |  | Difficulty breathing | 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 or vomiting | Yes | No |
|  |  | Diarrhea | Yes | No |
| 2. | International Travel | Have you returned from travel outside Canada in the last 14 days? | Yes | No |
| 3. | Confirmed Contact | Have you been notified by Public Health to isolate or identified as a close contact? | Yes | No |

**If you are displaying symptoms consistent with COVID-19, refer to HealthLink BC at 811**

**Refer to the BC CDC Document “**[**When to get tested for COVID-19**](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/When_to_get_tested.pdf)**” for further direction if you are displaying the abovementioned symptoms**