



## Daily Health Check

1 - Symptoms	Does student have any of the following symptoms	Symptome	Ja	Nein
	Fever	Fieber	YES	NO
	Chills	Schüttelfrost	YES	NO
	Cough or worsening of chronic cough	Husten	YES	NO
	Shortness of breath	Kurzatmigkeit	YES	NO
	Sore throat	Halsschmerzen	YES	NO
	Runny nose/stuffy nose	laufende Nase / verstopfte Nase	YES	NO
	Loss of sense of smell or taste	Verlust des Geruchs- oder Geschmackssinns	YES	NO
	Headache	Kopfschmerzen	YES	NO
	Fatigue	ermüden	YES	NO
	Diarrhea	Durchfall	YES	NO
	Loss of appetite	Appetitverlust	YES	NO
	Nausea and vomiting	Übelkeit und Erbrechen	YES	NO
	Muscle aches	Muskelschmerzen	YES	NO
	Conjunctivitis (pink eye)	Bindehautentzündung	YES	NO
	Dizziness, confusion	Schwindel, Verwirrung	YES	NO
	Abdominal pain	Bauchschmerzen	YES	NO
	Skin rashes or discoloration of fingers or toes	Hautirritationen, Verfärbung von Fingern und Zehen	YES	NO
2 – International Travel	Have you or anyone in your household returned from travel outside of 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 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), you're the student 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.