

## Appendix A: Daily Health Check Example

The following can be used as an example of a tool that can be used for parents and caregivers to complete prior to their child coming to school

Yes	NO	Fever Chills
Yes	NO	Cough or worsening of chronic cough
Yes	NO	Shortness of breath
Yes	NO	Sore throat Runny nose / stuffy nose Loss of sense of smell or taste Headache
Yes	NO	Fatigue 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 .

\*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 preexisting 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 81-1, 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.