



Daily Health Assessment Form – Parent – Child(ren)

Please complete, Sign, and Return a copy of this form ONCE to your school.

This is to confirm you understand your responsibility to conduct this Daily Health Assessment on your child. A 2nd copy of the Daily Health Assessment is provided for you to keep at home as a reference.

All parents, guardians, and/or caregivers have the responsibility to conduct a Daily Health Assessment of your child(ren) each day before sending them to school. This is a one-time form; a copy does not need to be submitted to your school each day.

Parent-Child(ren) Daily Health Assessment			
1. Symptoms of Illness*		Does your child have any of the following symptoms? Please circle ONE for each line.	
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	Has your child returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Is your child a confirmed contact of a person confirmed to have COVID-19?	YES	NO
IMPORTANT: 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 MUST NOT come to school.			
If any of your children 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 (https://bc.thrive.health) to determine if you should be tested for COVID-19.			

Confirmation of Understanding

Please sign and return this form to the school office before September 14th, 2020.

If you answer "YES" to any of the above in the future, you commit to keeping your child(ren) at home and will follow-up with a healthcare provider before they return to school.

1) Parent Name: _____ Parent Signature: _____

2) Parent Name: _____ Parent Signature: _____

Student Name: _____ Grade: _____ PEN: _____